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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(Sity/State/Elph Holle #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dadiness Linky Hame)				
(Document Number)				
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DEC 21 2016 S. YOUNG SECRETARY OF STATE TALL ANASSEE LEGRIDA 12 20 PM 12 20

COVER LETTER

TO:	Registration So Division of Co		:	
SUBJE	CT: KRYPTE	CH LLC		•
· u		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub ondence concerning this matter	•	
		STEFAN	N J SABOURIN	
			Name of Person	
			Firm/Company	
		1089 SE 6TH AVENUE	2.	
			Address	16 OF
	DANIA, FL 33004		DEC 20	
			City/State and Zip Code	O 27
			tefansabourin@gmail.com to be used for future annual report notif	ication)
For furt	her information of	concerning this matter, please c	all:	16 DEC 20 PH 4: 20
ST	EFAN J SABOU	RIN	at (954)226 37	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for t	he following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

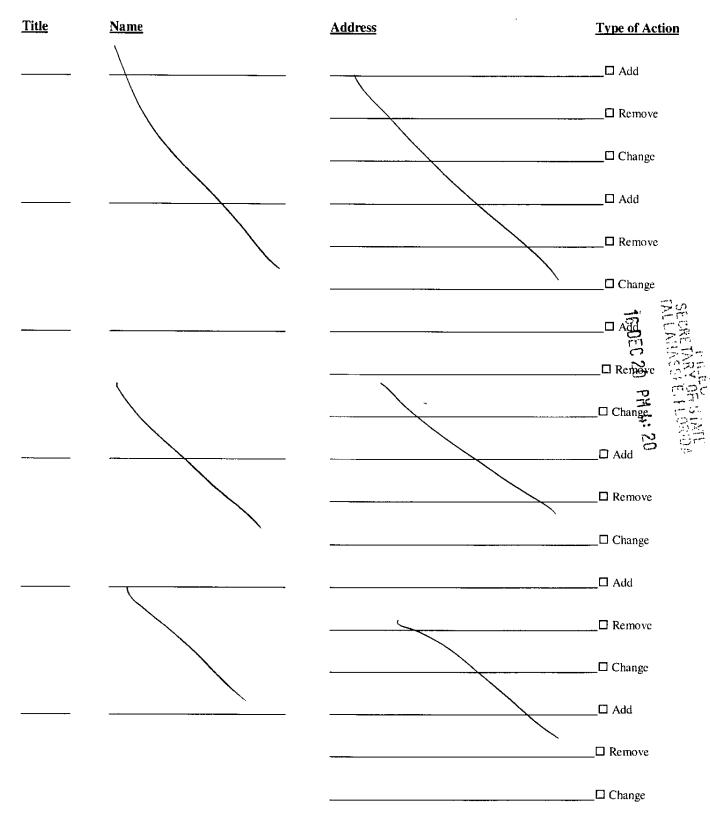
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KRYPTECH LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed onMarch 16, 2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
CRYPTECH CONSULTING LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:		35 AL S	
(Principal office address MUST BE A STREET ADDRESS)		日 强	
		<u> </u>	
		P ME	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		2 3	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter	the name of the new	
registered agent and/or the new registered office address her	<u>c</u> .		
Name of New Registered Agent:		•	
New Registered Office Address:	Enter Florida strest address	***************************************	
`	, Florida City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. Or	familiar with and , if this document is	

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member



D. If amending any other information, enter change(s) here: (Attack	•
	1
	7.00
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	20 Si
	PR
	# 4 : 20
	20
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) utory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, but not an eff (b) The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier of:
Dated December 13, 2016	
Sulfr	
Signature of a member or authorized rep	resentative of a member
V STEFAN J SABOURIN	
Typed or printed name o	f signee

Page 3 of 3

Filing Fee: \$25.00