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D. SCOTT OCT 2.7 2016

COVER LETTER

TO:, Reg Divi	istration Se ision of Cor	ction porations			
SUDJECT.	Anastech To	echnologies LLC			
SUBJECT:		Name of Lin	ited Liability Company		
		Amendment and fee(s) are sub	<u>-</u>		
Please return	all correspo	ndence concerning this matter	to the following:		
		Nelson Antoine			
			Name of Person	 	
		Anastech Technologies LI	C		
			Firm/Company		
		120 Amanda St			
			Address	 	
		Palm Springs/FL 33461			
		outsinon2@hotmail.com	City/State and Zip Code		
		antoinen2@hotmail.com E-mail address: (to be used for future annual report notific	ation)	
For further in	formation co	oncerning this matter, please c	all:		
Nelson Anto	ine		561 463-1113		
	Name of	Person		Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status & Status & Status
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURIER Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	ILED 124 MIII: 06 TARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Anastech Technologies LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 0.05/0.06/2016and assigned Florida document number _L16000089599 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Anastek Technologies, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am faither ver and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the document's being filed to merely reflect a change in the registered office address, I hereby confirm that the limited Pabley

If Changing Registered Agent, Signature of New Registered Agen

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
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ective date, if other than the date	of filing.	(optional)
n effective date is listed, the date must be sp te: If the date inserted in this block do cument's effective date on the Departn	ecific and cannot be prior to date of filing or more than bes not meet the applicable statutory filing requir	90 days after filing.) Pursuant to 605, ements, this date will not be listed
he 90th day after the record is		
October 20	2016	
ed October 20	. 2016	make an imake i
ed	nolson antoine	1 5
ed	nelson antoine member or authorized representative of a mer	nber EL S
ed	nolson antoine	nber RI 26

Filing Fee: \$25.00