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COVER LETTER

TO: Registration Se Division of Cor			
BNL Finan			
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter t	to the following:	
	Sam Houghton		
		Name of Person	
	HoughtonPA		
		Firm/Company	
	625 E. Lime Street Suite 1		
		Address	
	Lakeland, Florida 33801		
		City/State and Zip Code	
	shoughton@houghtonpa.co	m to be used for future annual report notifi	
For further information of	n-man address; (concerning this matter, please or		canon)
Sam Houghton		863 899-2671 at ()	
Name o	if Person	Area Code Daytime	Telephone Number
Enclosed 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BNL Finance, LLC			
Name of the Limi	ed Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	
The Articles of Organization for this Limited L	iability Company were	filed on 5/11/16	and assigned
Florida document number 1.16000092200			
This amendment is submitted to amend the foll	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liability c	ompany here:	
HADE Technologies, LLC			
The new name must be distinguishable and contain the	vords "Limited Liability Cor	mpany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic			
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>	<u> </u>	
			- 9
Enter new mailing address, if applicable:			PH 2:
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		بب ب
B. If amending the registered agent and registered agent and/or the new registered of		address on our records, g	enter the name of the new
regimered agent and or the new regimered			
Name of New Registered Agent:	Samuel A. Houghton		
New Registered Office Address:	625 E. Lime Street S	uite 1	
New Registered Office Address.		Enter Florida street address	
	Lakeland	, Flori	
	(iiy.	Zip Code

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 to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registreed 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 Type of Action Title Address Name □ Add _□ Remove _ Change Add

Remove - 1.1

Change Production and Add Produc _ Change □ Add _□ Remove _____ Change __ Change _□ Add _□ Remove

__ Change

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E. Effective date, if o	other than the date o	of filing:		(optional)	
(If an effective date is in	isted, the date must be spe	erlic and cannot be prior	to date of fiting or more	than 90 days after filing.) quirements, this date w	Pursuant to 605.0207 (3)(
	e date on the Departm			quirements, this date si	THE HOLD CHISTCH AS THE
If the record specif			t an effective tim	e, at 12:01 a.m. o	n the earlier of:
(b) The 90th day	arter the record is	illeu.			
October 16		2017			
Dated					
	\smile /) $^{\prime}$				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00