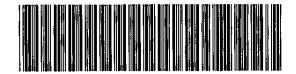
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: 5	Itek Soluti Name of Limited	ions LLC I Liability Company	
The enclosed Articles of An	nendment and fee(s) are submit	ated for filing.	
Please return all correspond	ence concerning this matter to t	the following:	
	Jaco	k Zajek	
		Name of Person	
		Firm/Company	
	<i>.</i> –	,	
	6147 W	halton St	
		Address	
	West Palm	Beach, FL, City/State and Zip Code	<u> 33411</u>
	Sr. Jac	K @ Gmail. com be used for future annual report notification	on)
For further information con-	cerning this matter, please call:	•	ony
	•	at (561) 541 ~	
Name of P	erson	Area Code Daytime Tele	ephone Number
Enclosed is a check for the	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

ARTICLES OF ORGANIZATION 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 _ Florida document number <u>L16000105</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le: <u>6147 Whalton St, West</u>
(Principal office address MUST BE A STREET A	ADDRESS) Palm Beach FL, 33421
Enter new mailing address, if applicable:	6147 Whalton St, West
(Mailing address MAY BE A POST OFFICE BO	ox Palm Beach FL, 33411
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new
Name of New Registered Agent:	Jack Zaiek
New Registered Office Address:	6147 Whalton St,
	West Palm Back Flows 33411

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.

City

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 **Title Type of Action** <u>Name</u> <u>Address</u> Maria G. Pimentel 20 crossing Circle Apt C, Boynton **K**Remove ☐ Change Tack Zaiek MGR **X**Add ☐ Remove FL, 33411 ☐ Change □ Add ☐ Remove .□ Čhange _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove

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tive ffectiv	date, if other than to e date is listed, the date r	he date of filin nust be specific and	g:d cannot be prior to	date of filing or	more than 90 day	(optional) 's after filing.) P	ursuant to 605.020
<u>:</u>	ne date inserted in this s effective date on the	block does not r	neet the applical	ole statutory fili	ng requiremen	ts, this date wi	Il not be listed as
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	Maria	Signature of a	member or author	ized representativ	ve of a member	<u>uw</u>	

Page 3 of 3

Filing Fee: \$25.00