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Special Instructions to Filing Officer:
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ACHARL FASSER FOR THE STATE WAS SELECTED AND SELECTED AS SELECTED

COVER LETTER

TO:	Registration Secti Division of Corpo				
carman	CT.	sol	ITON	TECH LLC	
SUBJE	C1:		Name of Limit	ed Liability Company	
The end	closed Articles of An	nendment	and fee(s) are subn	nitted for filing.	
Please	return all correspond	ence cond	erning this matter t	o the following:	
			LENA V	/KUL/NA Name of Person	
				Name of Person	
		<u> !</u> 		Firm/Company	
		340	7 58 A	VE W # 44	
		BR	ADENTO	N F1 3471	
			vikulina.	Address N FL 3421 City/State and Zip Code D gmail. Com o be used for future annual report	
For fur	ther information con	L	1		notification)
·	FLENA	V 1	: Kul <i>INA</i>	at (<u>941</u>) <u>70</u>	04 99 29
	Name of P	erson		Area Code Da	ytime Telephone Number
Enclos	ed is a check for the	following	amount:		
₫ \$2.	5.00 Filing Fee		O Filing Fee & ificate 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
	MAILIN Registrat Division P.O. Box	ion Section of Corporation)1) n	STREET/CO Registration S Division of Co Clifton Buildi	orporations
	Tallahass	see, FL 32	2314	2661 Executiv	e Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

<u></u>	UN IECH LLC
(<u>Na</u>	me of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
	this Limited Liability Company were filed on <u>November 17, 2016</u> and assigned
Florida document number <u>L 16</u>	000 <u>210 1 1 2</u> .
This amendment is submitted to a	 nmend the following: -
A. If amending name, enter the	e new name of the limited liability company here:
SOLITON PHO	TONICS / LC
The new name must be distinguishable	TONICS LLC and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices add	ress, if applicable:
Principal office address MUST	
275007700 07700 0000 0000 0000	
	,
n	
Enter new mailing address, if a	Ķ ⁻
(Mailing address MAY BE A PC	<u>ST OFFICE BOX)</u>
R If amonding the registers	d agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new	v registered office address here:
Name of New Registere	1
New Registered Office	(i) Programme (i) Programme (ii) Programme (iii) Programme (ii
	Enter Florido street address
	City Florida 7.ip Code
Your Degistered Agent's Signatur	a if changing Magistered Apent*

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 Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action **Address Title** Name DMITRY VIKULIN 341158 Ave W # 43 **⊠** ∧dd AMBR Bradenton, FL, 34210 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change

If amending Authorized Person(\$) authorized to manage, enter the title, name, and address of each person being added

amending any oth	er information, enter change(s) here: (Attach addition	al sheets, if necessary.)
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'an effective date is liste Note: If the date inser- locument's effective of e record specifies	er than the date of filing: 12/11/2017 If the date must be specific and cannot be prior to date of filing or most ted in this block does not meet the applicable statutory filing late on the Department of State's records. If a delayed effective date, but not an effective times and the date of	re than 90 days after filing.) Pursuant to 605.02/ requirements, this date will not be listed a
The 90th day af	er the record is filed.	
Dated Dece	nber 11 , 12017	
	Signature of amember or authorized representative of	of a member
	ELENA VIKUL Typed or printed name of signee	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00