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COVER LETTER

TO: Registration Section Division of Corpora	
SUBJECT:	Dnyx Financial LLC Name of Limited Liability Company
The enclosed Articles of Ame	ndment and fee(s) are submitted for filing.
Please return all corresponden	ce concerning this matter to the following:
-	Avraham Ben-David Name of Person
-	MBG Financial Group LLC Firm/Company
-	6330 N. Andrews Ave. 8+e. # 266 Address
_	Fort Lauderdale, 7L. 33309
	City/State and Zip Code
_	E-mail address: (to be used for future annual report notification)
For further information concer	rning this matter, please call:
Crystal PE	at (954) 228.7494 Area Code Daytime Telephone Number
Name of Pers	on Area Code Daytime Telephone Number
Enclosed is a check for the fol	lowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

	nancial LLC	
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number 81.5223		and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
Enter new principal offices address, if applical (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:		E v. -
(Mailing address MAY BE A POST OFFICE B	(OX)	MAY 22
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>ento</u> ice address here:	the name of the new
Name of New Registered Agent:	Shachar Caler	<u> </u>
New Registered Office Address:	Enter Florida street address	
	Fort Landerdal & Florida	33309
	City	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGB	Avraham Ben-David	6330 N. Andrews	Ave Add
		Suite 266	Remove
		Fort Lauderdale .7L	33309 Change
			□ Add
			Remove
•			Change
			The move
			See Change
			Francisco de la Companya del Companya de la Companya del Companya de la Companya
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more than te: If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, the 90th day after the record is filed.	at 12:01 a.m. on the earlier
ted May 16th, 2017.	

Page 3 of 3

Filing Fee: \$25.00