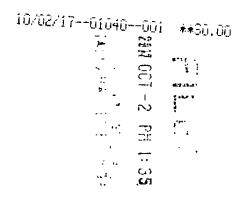
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## **COVER LETTER**

TO:

TO:	Registration Se Division of Cor			
erin ir		L	FETECH GROUP LLC	
SUBJE	.CI:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please i	return all correspo	ondence concerning this matter	to the following:	
		MARTIN MISKE	EJE	
		_	Name of Person	<del> </del>
			Firm/Company	
		M.R. STEFANIK	KA 175	
			Address	
		BOSANY 9561	8, SLOVAKIA	
			City/State and Zip Code	
		info@lifetech.g	roup to be used for future annual report not	litiantina
For furt	ther information c	oncerning this matter, please co		in Katonii
MA	ARTIN MISKE	EJE	at (305) 833712	28
	Name o	(Person		ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ <b>\$</b> 25	5.00 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)
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, Ft. 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations Tenter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIFETECH GRO	DUP LLC
( <u>Name of the Limited Liability Company as i</u> (A Florida Limited Liability	it now appears on our records.) ny Companyi
The Articles of Organization for this Limited Liability Company were Florida document numberL17000068398	e filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	company here:
The new name must be distinguishable and contain the words "Limited Liability Cor	ompany," the designation "ELC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	63
(Principal office address MUST BE A STREET ADDRESS)	
	( ) { •
	* 10 T
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	, Florida
C	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>	Name	Address	Type of Action
MGR	ANTON BILCIK	9030 BURNT STORE RD	<b>⊠</b> Add
		PUNTA GORDA, FL 33950	□ Remove
			Change
			Add
		<del></del>	Remove
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Filing Fee: \$25.00