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## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	Fastech Integrated Solutions LLC				
songr.c1.		Name of Limi	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Richard Hirsh			
			Name of Person		
			Firm/Company		
		1104 Palm View Ave.			
			Address	·	
		Belleair, FL 33756			
			City/State and Zip Code		
		rick.hirsh@gmail.com			
		E-mail address: ()	to be used for future annual report notif	ication)	
For further is	nformation co	oncerning this matter, please cr	ıli:	·	
Richard Hir			727 460-0847 at () Area Code Daytime	: Telephone Number	
	Name of	Person	Area Code Daytime	: Telephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 F	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:

TO:

Registration Section

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

Fastech Integrated Solutions LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
ne Articles of Organization for this Limited Liab	ility Company were filed on April 26, 2017	and assigned
orida document number L17000092569	·	
is amendment is submitted to amend the follow	ing:	
If amending name, enter the new name of th	e limited liability company here:	
elinata Partners LLC		
e new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
nter new principal offices address, if applicable	le:	
rincipal office address MUST BE A STREET	ADDRESS)	
	<u></u>	
nter new mailing address, if applicable:		
<u> 1 ailing address MAY BE A POST OFFICE BO</u>	<u></u>	
. If amending the registered agent and/or gistered agent and/or the new registered offic	registered office address on our records, en	ter the name of the
gistered agent and/or the new registered once	e address here.	·
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	
	, Florida	
	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
			Add
			☐ Remove
			☐ Change
			Remove
			Change
			Remove
			☐ Change
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Remove

	ending any other.information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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-	
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•	
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-	
Note:	five date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Du 1/1
	Signature of a member or authorized representative of a member
	Richard Hirsh
	Typed or printed name of signee

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Filing Fee: \$25.00