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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Dc	ocument Number)
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07/24/17--01030--012 **25.00



D. BRUCE JUL 27 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cliftech Systems, UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Rachel Rowitt Name of Person
Clintech Systems Firm/Company
5491 n. University drive #202A
Caral Springs PC. 3306) City State and Zip Code
Cachel@g(ace cours-elinging. org
For further information concerning this matter, please call:
Rache Rowith 934, 2639657 = T
Name of Person Area Code Daytime Telephone Number 55 7 7 7
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Liability Company as it now appears on our record Florida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liab	ility Company were filed on 7/19/2	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		£5 %
registered agent and/or the new registered offic	e address nere:	24 F
Name of New Registered Agent:		5000
New Registered Office Address:	Enter Florida street addre	, , , , , , , , , , , , , , , , , , ,
	E	lorida
	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 = Ai	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
CIO	Varun Ragbir	5491 N. University drive	Add Add
		#202A	Remove
		caral Springs, Fe. 330	Change
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	(optional)	
ective date, if other than the date of filing:	(optional) N	ነፍ ሰንሰ፡
te: If the date inserted in this block does not meet the applicable statuto ument's effective date on the Department of State's records.	ry filing requirements, this date will not be lis	sted as
record specifies a delayed effective date, but not an effec	ctive time, at 12:01 a.m. on the earl	ier c
he 90th day after the record is filed.	·	
ed July 19 2017		
Rachel Routh Signature of a member or authorized representation of the Power HTML.		
Signature of a member or authorized repress	entative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00