11700/64/01

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



100322077391

12/26/18 -- 01/29 -- 011 **25.60

O CIMMONS JAN 0 9 2019 **Registration Section**

TO:

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:		E TECHNOLOGIES, LLC			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		RYAN J. SHAW			
			Name of Person		
		BLOCKADE TECHNOLO	OGIES, LLC		
Firm/Company					
		7530 VIA LURIA			
			Address		
		LAKE WORTH, FLORID	A 33467		
		RSHAW653@GMAIL.CO	City/State and Zip Code M		
		E-mail address: (to be used for future annual report notifi	leation)	
For further in	nformation co	oncerning this matter, please ca	all:		
RYAN J. SE	ław		561 513-3922		
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling 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:

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 801 to EH abes

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTICLES OF ORGANIZATION OF

BLOCKADE TECHNOLOGIES,	LLC	
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited 1	Liability Company were filed on $\frac{8/17}{2}$	2017 and assigned
Florida document number L17000164101	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company her	p.
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	· · · · · · · · · · · · · · · · · · ·	
Principal office addr <u>ess MUST BE A STRE</u>	ET ADDRESS)	2;

		<u> </u>
Enter new mailing address, if applicable:	0.5	
Mailing address MAY BE A POST OFFICE	(BOX)	
3. If amending the registered agent and	• *	our records, enter the name of the
egistered agent and/or the new registered to	Mice address here.	
Name of New Registered Agent:	RYAN J. SHAW	
New Registered Office Address:	7530 VIA LURIA	
	Enter Florid	la street address
	LAKE WORTH	Florida 33467
	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
MGR	SUHAN, SHAW & ASSOCIATES INC		
		7530 VIA LURIA	
		LAKE WORTH, FLORIDA 33467	■ Remove
			☐ Change
MGR	RYAN J. SHAW	7530 VIA LURIA LAKE WORTH, FLORIDA 33467	. ⊟ Add
			□ Remove
			Change
			Add
			— ☐ Remove
			• •
			Change
			Add
			<u>∓</u>
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

feamending any other information, enter change(s) here: (Attac εε ε '81'8/01	epidenty typocasty ny wychynynynyd eibadidiw mina
	, <u>,</u>
	,
	·
	···
	.,,
	
ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of Sote: If the date inserted in this block does not meet the applicable statt ocument's effective date on the Department of State's records.	filing or more than 90 days after filing.) Pursuant to 605.020
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12:01 a.m. on the earlier o
DECEMBER 17 2018	
12 SS	
Signature of a member of authorized repr	resentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00