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(Req	uestor's Name)	
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(City)	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Division of C			
SUBJEC		FINANCIAL LLC		
300320	J1	Name of Lin	nited Liability Company	
		of Amendment and fee(s) are subspondence concerning this matter	-	
			Name of Person	
		BUSINESS FILING INCO	ORPORATED	
			Firm/Company	-
		1200 SOUTH PINE ISLA	ND ROAD	
			Address	
		PLANTATION, FL 33324	1	
		andrew.m.mackenzie@btin		
For furth	er informatior	E-mail address: (a concerning this matter, please concerning this matter)	to be used for future annual report not:	fication)
x A	NOREW	MACKENTIE	at () 十以十(o) Area Code Daytime	17770 592116
	Namo	of Person	Area Code Daytime	c Telephone Number
Enclosed	is a check for	the following amount:		
■ \$ 25.0	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)

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

C-TECH FINANCIAL LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.18000129975	were filed on	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1500 W CYPRESS CREEK RD SUITE 202		
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE, FL 33309		
Enter new mailing address, if applicable:	2700 W CYPRESS CREEK RD SUITE	ED118	
Mailing address MAY BE A POST OFFICE BOX)	FOR LAUDERDALE, FL 33309		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ffice address on our records, <u>enter</u> g: Enter Florida street address	2019 CT -7 PH 1: 32 SECRETARY OF STATE ALLMASSEE. FLORIDA	
	, Florida	∌" 2	
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
<u> </u>			
			☐ Remove
			Change
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(If an effective date Note: If the dat	if other than the date of filing:	5.0207 (ed as t
the record spe The 90th di	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie ay after the record is filed.	er of:
Dated X	26 SEPTEMBER 2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00