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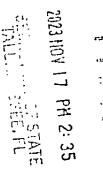
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COVER LETTER

TO: Registration S Division of Co					
DFin Tech	rologies LLC				
SUBJECT:					
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and (ee(s) are sub	mitted for filing.			
Please return all correspond	ondence concerning this matter	to the following:			
	Raquel Sheldon				
	·	Name of Person			
		Firm/Company			
	2846 Juniper Lane				
	Davie, FL 33330	Address			
	raquel.sheldon@me.com	City/State and Zip Code		2023 HOV 17 PH 2: 35 STALL: NOSEE, FL	
	E-mail address: (to be used for future annual report noti	fication)	F: 9	
For further information of	concerning this matter, please c	all:		-	
Raquel Sheldon	· ·	561 5662224		120 P	
		at ()		_ [1] (5) P.3	
Name o	of Person	Area Code Daytim	e Telephone Number	TATE FL	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Contact (additional contact)	of Status & opy	
Mailing Addre Registration Division of C	Section	Street Address: Registration Sec Division of Cor			
Division of Corporations P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DFin Technologies LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number 1.23(00)-40-400-4	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "ELC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
	•	<u> </u>
		2023 NOV SEC. 17ALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		(2) TO (4)
		ino is
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Floric	
	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 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>	<u>Address</u>	Type of Action
AMBR	Graham Bruce	2846 Juniper Lane, Davie, FL 33330	
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			🗀 Remove
			Change
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			□Remove
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ective date, if other than the reflective date is listed, the date muster. If the date inserted in this blument's effective date on the December 2.	t be specific and canno ock does not meet th	t be prior to date te applicable st	of filing or more t	(optiona han 90 days after filin quirements, this dat	g.) Pursuant i	?: 35 5 605,0207 (c listed as t
cord specifies a delayed effectiv s filed.	e date, but not an eff	fective time, at	12:01 a.m. on tl	ne earlier of: (b) 1	The 90th day	after the
13 November ed	202	3				
	Signature of a member	<u> </u>				

Filing Fee: \$25.00