L2400047/362

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COVER LETTER

TO: Registration Se Division of Con			
Etecnix, Li	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Graeme Gates		
		Name of Person	
	Etecnix, LLC		
		Firm/Company	
	12405 82nd LN N		
		Address	
	West Palm Beach, Florid	da 33412	
		City/State and Zip Code	······································
	gdcgates@gmail.com		
For further information of	E-mail address: (concerning this matter, please o	to be used for future annual report not all:	itication)
Graeme Gates		443 791-1674	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	27	The Centre of	Γallahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Etechnix, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)
7/17L LIOU The Articles of Organization for this Limited Liability Company were filed on

11/06/2024 TALLAHA

TALLAHA Florida document number L24000471362 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ETECNIX, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida

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.

City

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
		<u>.</u>	□Add
			Remove
			□Remove
			Change
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			Remove
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			Change
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			□Remove
			□ Change

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