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411000009523
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CONTADORMIAMI.COM INC
Account Number : I2020000130
Phone : (954)345-7888
Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MAZAL 108, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

2022 JAN 13 PM 4:57

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

2022 JAN 13 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 14 2022

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K. Brumbley

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MAZAL 108, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2022 JAN 13 AM 7:19
SECRETARY OF STATE
TALLAHASSEE, FL 32399

APPROVED AND FILED

The Articles of Organization for this Limited Liability Company were filed on 01/24/2011 and

Florida document number 111000009523

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TECNOMODE 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:

1549 NE 123RD ST

(Principal office address MUST BE A STREET ADDRESS)

NORTH MIAMI, FL 33161

Enter new mailing address, if applicable:

1549 NE 123RD ST

(Mailing address MAY BE A POST OFFICE BOX)

NORTH MIAMI, FL 33161

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:

1549 NE 123RD ST

Enter Florida street address

NORTH MIAMI

City

Florida 33161

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

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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> | <u>Type of Action</u> |
|--------------|-------------|-----------------------|--------------------------------------------|
| MGRM | BRAJA LLC | 1549 NE 123RD ST | <input type="checkbox"/> Add |
| | | NORTH MIAMI, FL 33161 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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| | | | <input type="checkbox"/> Change |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:00 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 13TH 2022 _____

Signature of a member or authorized representative of a member

GASTON EDUARDO JAROCHEVSKY

Typed or printed name of signee

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