

L15000124261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

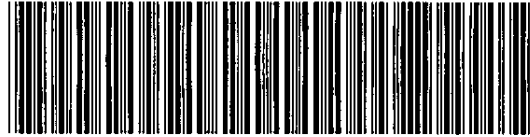
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 19 2015

J SHIVER

# COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: TECHNOLOJOY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE ENRIQUE RAYNAUD

Name of Person

Firm/Company

101 BRINY AVE APT. 501

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

TECHNOLOJOY@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE E. RAYNAUD

Name of Person

at 954 675-3027

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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**

TECHNOLOJOY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 7/20/2015 and assigned Florida document number L15000124261

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2602 NW 72ND AVE

**(Principal office address MUST BE A STREET ADDRESS)**

MIAMI, FL 33122

Enter new mailing address, if applicable:

2602 NW 72ND AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

MIAMI, FL 33122

**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:

ALGAHIM IBRAHIM

New Registered Office Address:

2602 NW 72ND AVE

*Enter Florida street address*

MIAMI

Florida

*City*

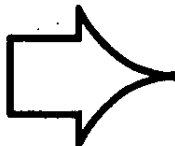
33122

*Zip Code*

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**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.*



*Alrah Alghd*

**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>	<u>Address</u>	<u>Type of Action</u>
MGRM	JORGE ENRIQUE RAYNAUD	101 BRINY AVE APT. 501	<input type="checkbox"/> Add
		POMPANO BEACH, FL 33062	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ALGAHIM IBRAHIM	10650 SHERWOOD TRL	<input checked="" type="checkbox"/> Add
		NORTH ROYALTON, OH 44133	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

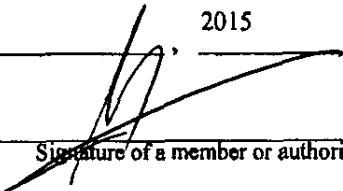
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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15 AUG 18 AM 10:38  
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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: AUGUST 14, 2015 (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 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated AUGUST 14 2015  
  
Signature of a member or authorized representative of a member  
JORGE ENRIQUE RAYNAUD  
Typed or printed name of signee