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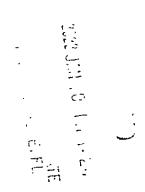
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COVER LETTER

	Registration Se Division of Cor			
C110 107	Bay To Bay	y Technology Consulting Solut	ions, LLC	
SUBJEC	,I:	y Technology Consulting Solut Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and feets) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Michael Munoz		
			Rame of Person	
		Bay To Bay Technology (Consulting Solutions, LLC	
			Firm/Company	
		4122 MADISON ST		
			Address	
		ELFERS, FL 34680		
		michaelmunozmese@gmail E-mail address: (City/State and Zip Code .com to be used for future annual report not	dication)
For furth	er information c	oncerning this matter, please c	all:	
Michael	Munoz		813 317-4432	
Name of Person		Area Code Daytin	ne Telephone Number	
Enclosed	f is a check for t	he following amount:		
■ \$25.	00 Filing Fee	S30,00 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 3		<u>Street Address:</u> Registration Sc	ection
	Division of C	Corporations	Division of Co	rporations
	P.O. Box 632	27	The Centre of	l'allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 JAP.	. C	1.,	٠٠ <u>د</u> ٠

Bay To Bay Technology Consulting Solutions, LLC

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

	(A Florida Cumeo	глаоних Сопранут	
The Articles of Organization for this Limited L		were filed on $\frac{2-6-2020}{}$	and assigned
lorida document number 1.20000044179	·		
his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
∜A			
he new name must be distinguishable and contain the	words "Limited Liab	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable:		N/A	
Aailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or	registered office	address on our records, e	nter the name of the new registo
gent and/or the new registered office addre	ess here:		
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida street ad	ddress
			, Florida
		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>	Address	Type of Action
AMBR & WOF	Jill Marie Munoz	9802 Riverchase Dr Trinity, FL 34655	■ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Fee at the second	1-6-2022			
Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this ble document's effective date on the De	t be specific and cannot be prior ock does not meet the applic	able statutory filing requ	(optional) 190 days after filing.) Pursuant to 605.02 rements, this date will not be listed	207 (3)(b as the
the record specifies a delayed effective cord is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day after th	ne
Dated January 6	2022			
	·	·		

Typed or printed name of signce