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COVER LETTER

TO:

Registration Section

Division of Co	rporations			
WG TECI	INOLOGY LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are suf	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
		Name of Person		
	WG TECHNOLOGY			
		Firm/Company		
	11001 NW 83 STREET #	208		
		Address		
	DORAL, FL 33178			
		City/State and Zip Code		
	gerencia@technologywg.ee E-mail address: (on to be used for future annual report no	otification)	
For further information c	concerning this matter, please c	all;		
John J. Diaz		786 523-4630		
Name o	of Person	at () Area Code Dayti	ime Telephone Number	
Enclosed is a check for the	-			
■ \$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 Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314				
rananassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WG TECHNOLOGY LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited L	iability Company	were filed on FEBRUA	RY 11, 2021 and assigned
Florida document number L21000072048			
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name o	f the limited liah	oility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	11001 NW 83 STREET	# 208
(Principal office address MUST BE A STREET ADDRESS)		DORAL, FL 33178	
Enter new mailing address, if applicable:		SAME AS PRINCIPAI	-
Mailing address MAY BE A POST OFFICE	BOX)		
			
3. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office : ss here:	address on our records.	enter the name of the new regis
Name of New Registered Agent:	ALEJANDRO	GALGUERA, CPA	
	2828 CORAL WAY, SUITE 201		<u> </u>
New Registered Office Address:	2020 CONME	Enter Florida stree	t address
	CORAL GABI	LES	, Florida 33145 = 1
		City	Zip Code
New Registered Agent's Signature, if changing R	legistered Agent:		90

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
AMBR	JOHN J. DIAZ	11001 NW 83 STREET # 208	= Add
		DORAL, FL 33178	□Remove
			Change
			□Add
			Remove
			□Change
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Filing Fee: \$25.00