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COVER LETTER

TO:

	Registration Sec Division of Corp							
eun un er		GY DEVELOP SERVICES. L	LC					
SUBJEC	T:	Name of Limi	ited Liability Company					
The enclo	sed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please ret	urn all correspoi	ndence concerning this matter	to the following:					
		Gregory Mitchell, Esquire						
			Name of Person					
		Lorium PLLC						
			Firm/Company					
	197 South Federal Highway, Suite 200							
			Address					
		Boca Raton, FL 33432						
			City/State and Zip Code					
		gmitchell@loriumlaw.com	to be used for future annual report no	iff resion \				
For furthe	er information co	e-mail address: (oncerning this matter, please co		nicanon)				
Gregory Mitchell, Esquire			561 361-1000 at ()					
Name of Person			Area Code Daytir	ne Telephone Number				
Enclosed	is a check for th	ne following amount:						
₩ \$25.0	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		<u>Street Address:</u> Registration So	ection					
Division of Corporations			Division of Co	-				
P.O. Box 6327 Tallahassee, FL 32314				The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECNOLOGY DEVELOP SERVICES, LLC		
(<u>Name of the Limited Liability Company)</u> (A Florida Limited Liab	as it now appears on our records.) offity Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000285016</u> .	ere filed on $\frac{06/18/2021}{}$ and assign	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:	(4) >-	
(Principal office address MUST BE A STREET ADDRESS)		
-		2 2
	Albara C	- j
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	m = v	‡ 'j
		-
	17.	
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>enter the name of the new</u>	regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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>	<u>Address</u>	Type of Action
MGR	Antonio Jose Tadeu Renattini	4371 NORTHLAKE BOULEVARD, #108	🗆 Add
		PALM BEACH GARDENS, FL 33410	□Remove
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