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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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TÄLLÄHÄSSEE, FLORIDA

OCT 1 2022 S. PRATHER

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Corp	porations			
C1 115 7 12 22 17	Automated S	Sign Technology LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Stephen E. Poludniak			
			Name of Person		
		Automated Sign Technolog	gy LLC		
		_	Firm/Company		
		25 George Bush Blvd.			
			Address		
		Delray Beach, FL 33444			
			City/State and Zip Code		
		stellarcap@gmail.com	to be used for future annual report notifier	ori, as)	
For further is	nformation co	oncerning this matter, please of		uicar)	
Stephen E. I			561 870.1895		7/21/22
	Name of	Person	at ()	elephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25.00 i	illing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &
Re	iling Address gistration S	Section	Street Address: Registration Secti		
	vision of Co D. Box 632	orporations 7	Division of Corpo The Centre of Tal		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. .) 122
AUTOMATED SIGN TECHNOLOG	Y LLC	<u> </u>	1027 JUL 25
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)		\ \ :
(A	Florida Limited Liability Company)	in. M,	3 "i
The Articles of Organization for this Limited Liab		ASSEE, Facing AND A	
Florida document number 1.22000110715			ب
This amendment is submitted to amend the following		∑	ő S
A. If amending name, enter the new name of th	e limited liability company here:		
Sous Vide Automation LLC			
	ls "Limited Liability Company," the designation "LLC" or the a	abbreviation "L.1C."	
Enter new principal offices address, if applicable	le:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	<i>DX</i>)		
			_
B. If amending the registered agent and/or registered and/or the new registered office address because in the new registered of the new registered agent and/or the new registered agent and/or registered agent and/or registered agent and/or registered agent and/or the new registered agent and/or registered agent and/or registered agent and/or registered agent and/or registered agent	istered office address on our records, <u>enter the nar</u> nere:	ne of the new regi	<u>stered</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Date Procume successions		
	, Florida		
	City	Zin 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

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
MGR	Robert Almblad	25 George Bush Blvd.	■Add
		Delray Beach, FL 33444	□Remove
		77.77	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove

Page 2 of 3

	Page 2 of 3		
D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessa	ry.)	
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(If an efficience of the second of the rec	we date, if other than the date of filing: March 4, 2022 (optional ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	ig.) Pursuant to 60 te will not be lis	sted
		1 "*** .	_
Dated _:	·	Ë	70C 2262
	Here was a second of the secon	<u> </u>	ر
			1-2
	Signature of a member or authorized representative of a member	(5)	n
		ም. የያ.	97
	Signature of a member or authorized representative of a member Stephen E. Poludniak Typed or printed name of signee	LAHASSEE, FLORIDA	Zb An 9: