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K22000219109

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

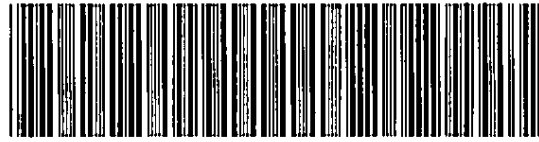
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TECHNOLOGY PASS SYSTEMS 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:

ARIADNA OJEDA
Name of Person
AYUDA CENTER
Firm/Company
8230 CORAL WAY
Address
MIAMI, FL 33155
City/State and Zip Code
AOJEDA@AYUDACENTER.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

ARIADNA OJEDA 305 971-5232
Name of Person at () 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

TECHNOLOGY PASS SYSTEMS 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 05/10/2022 and assigned Florida document number L22000219109.

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:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

AYUDA CENTER

New Registered Office Address:

8230 CORAL WAY

Enter Florida street address

MIAMI

Florida

33155

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 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> |
|--------------|-----------------------|---------------------------------|--|
| AMBR/M | NICOLAS A JARA HASBUN | 520 BRICKELL KEY DRIVE APT 1521 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | FELIPE A DUCH MATTHEI | 800 SE 4TH AVENUE STE 139 | <input checked="" type="checkbox"/> Add |
| | | HALLANDALE BEACH, FL 33009 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | DIEGO A CESPEDES BADE | 800 SE 4TH AVENUE STE 139 | <input checked="" type="checkbox"/> Add |
| | | HALLANDALE BEACH, FL 33009 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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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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E. Effective date, if other than the date of filing: NOVEMBER 28TH (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 NOVEMBER 28TH 2022

Handwritten signature of Martin Nicolas Mujica Martorelli.

Signature of a member or authorized representative of a member

MARTIN NICOLAS MUJICA MARTORELLI

Typed or printed name of signee