## Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

33

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NACHO MACIAS LLC

Certificate of Status 0 Certified Copy 04 Page Count \$25.00 Estimated Charge

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Help JUN 27 2022

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NACHO MACIAS LLC		
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability of Florida document number L22000282307	Company were filed on 06/21/22	and assigned
rlorida document number	<del></del> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Ponzano Tech LLC		
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD		
Trincipal office datiess mest be A STREET ADD	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maining duaress smit be 11 001 31 1102 bony		<del></del> _
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		e name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	Address	Type of Action
			□Add
			Remove
			☐ Change
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Document's	t be specific and car ock does not mee	mot be prior to t the applicab	date of filing or m	ore than 90 days ag requirements,	after filing.) Pursuar	n to 605.0207 ( be listed as t
record specifies a delayed effectived is filed.	e date, but not an	effective tim	e, at 12:01 a.m.	on the earlier of	f: (b) The 90th d	ay after the
<sub>Dated</sub> June 23		2022				
	TR	ilmy Ta	ik.			
	Signature of a mer	nber or authori	zed representative	of a member		
Riley Park						

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