

119 000 228 963

(Requestor's Name)

(Address)

(Address)

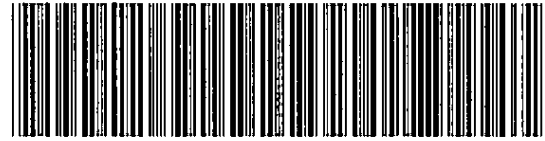
(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



200374000152

09/27/21--01004--014 \*\*25.00

**FILED**  
**Oct 07, 2021 08:00 AM**  
**Secretary of State**

Special Instructions to Filing Officer:

Per conversation:  
R/A change!  
David A. Aronson, CPA, P.A.

Office Use Only

10/7/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2021

DAVID ARONSON  
17071 WEST DIXIE HWY  
STE 301  
NORTH MIAMI BEACH, FL 33160

SUBJECT: STRATEGY EXCHANGE TECHNOLOGY, LLC  
Ref. Number: L19000228963

We have received your document for STRATEGY EXCHANGE TECHNOLOGY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 121A00024248

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
Oct 07, 2021 08:00 AM  
Secretary of State

Strategy Exchange Technology, 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 09/10/19 and assigned Florida document number L19000228963.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SET Techs, LLC

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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

\_\_\_\_\_

New Registered Office Address:

17071 West Dixie Highway, Suite 301

*Enter Florida street address*

North Miami Beach

Florida

33160

*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.*

*Daniel Sanchez*  
If Changing Registered Agent, Signature of New Registered Agent



