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T. MATTHEWS
JUN 14 2022

COVER LETTER

, , ,	TO:	Registration S Division of Co			
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Hector Negron	en in m		LLC		
Please return all correspondence concerning this matter to the following: Hector Negron	SOBJE	.C1:	Name of Lin	nited Liability Company	
Hector Negron On Tech, LLC Firm/Company 9594 NW 41th Street, STE 105 Address Miami, FL 33178 City/State and Zip Code info@ontechlle.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hector Negron Name of Person at (The enc	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Name of Person On Tech, LLC Firm/Company 9594 NW 41th Street, STE 105 Address Miami, FL 33178 City/State and Zip Code info@ontechlle.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hector Negron at (Please r	eturn all correspo	ondence concerning this matter	to the following:	
On Tech, LLC FirmvCompany 9594 NW 41th Street, STE 105 Address Miami, FL 33178 City/State and Zip Code info@ontechlle.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hector Negron 305 305 317-3685 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy Certificate of Status			Hector Negron		
Firm/Company 9594 NW 41th Street, STE 105 Address Miami, FL 33178 City/State and Zip Code info@ontechllc.com E-mail address; (to be used for future annual report notification) For further information concerning this matter, please call: Hector Negron Name of Person at () Name of Person To a Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate Opy Certificate of Status				Name of Person	
Address Miami, FL 33178 City/State and Zip Code info@ontechlle.com E-mail address: (to be used for future annual report notification)			On Tech, LLC		
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E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Hector Negron Same of Person Name of Person Same of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Same of Same of Same of Same of Status Certificate of Status Certificate of Status				City/State and Zip Code	
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Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status	Hector	Negron			
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status		Name o	f Person	Area Code Daytime	Telephone Number
Certificate of Status Certified Copy Certificate of Status	Enclose	d is a check for th	ne following amount:		
	\$25	.00 Filing Fee			☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONS

OF 22 APR 25 AM ID: 07

On Tech, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.07000017918.	were filed on <u>02/16/2007</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable:	ity Company," the designation "LLC" or th	
(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 of registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	Hector Negron	9594 NW 41th Street, STE 105	
		Miami, FL 33178	■ Remove
			Change
AMBR	Hector Negron	9594 NW 41th St, STE 105	Add
		Miami, FL 33178	Remove
			Change
			□ Remove
			Change
			Remove
			Change
			Remove
			Change
			Add
			Remove
			Change

Member's Name	Member's Interest %	
Hector Negron	100%	
		
	 	
Tective date, if other than the date in effective date is listed, the date must be ite: If the date inserted in this block cument's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days after filing.) P does not meet the applicable statutory filing requirements, this date wi	Pursuant to 605.0207
record specifies a delayed ef The 90th day after the record	ffective date, but not an effective time, at $12:01\ a.m.$ or lis filed.	n the earlier of
ted <u>April 20th</u> , 2022	SIGNHERE	
Sig	nature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00