(Red	questor's Name)	
(Add	dress)	
(Ada	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Na	me)
(Dox	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	

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FILED

COVER LETTER

TO: Registration Se Division of Cor		•	
	oof -Tech	110	
SUBJECT:	Name of Lim	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mich	cel Leahing	
		Name of Person	
		Firm/Company	
	2977	Mcfarlane R.	7 书 b H I
		Address	
	Μ.,	m. FC 33(33) City/State and Zip Code	
		City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please co	dl;	
Muchae	1 100.10.00	at (305) 773 Area Code Daytime	-0568
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$30,00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
_ 132	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	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 ARTICLES OF ORGANIZATION OF

	- Tech, LLC	
(Name of the Limite	d Liability Company as it now appears on our reco A Florida Limited Liability Company)	ords.)
The Articles of Organization for this Limited Lia	ability Company were filed on $94/35$	/dos 7 and assigned
Florida document number	3777	
This amendment is submitted to amend the follow	wing:	7
A. If amending name, enter the new name of	the limited liability company here:	EN 28
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.
Enter new principal offices address, if applica	ble:	<u> </u>
(<u>Principal office address MUST BE A STREET</u>	"ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or the new registered off	•	rds, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Beoffrey Chan	370 NE 164th Ter Migmi, Fl 33162	B Add
		Migmi Fl 33162	Remove
			Change
			□ Remove
			Change
		 	□ Add
			□ Remove
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Mective date, if ot	ier than the date	of filing:	mior to date of tiling	or more than 90 days a	otional) iter filing.) Pursuant to 605.0
lote: If the date inso ocument's effective	rted in this block do	ses not meet the a	pplicable statutory	filing requirements,	this date will not be listed
beament 3 checuve	sace on the isoparti	iem of Sanc Stee	viu.s.		
			t not an effecti	ve time, at 12:0	1 a.m. on the earlier
The 90th day a	ter the record is	ifiled.			
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Pated			••		
Dated		MĘ		utive of a member	

Page 3 of 3

Filing Fee: \$25.00