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SECRETARY OF STATE
STORE OF CORPORATIONS
2022 AUG 17 AM IO: 12 1

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COVER LETTER

Registration Section Division of Corporations

TO:

subject: <u>RAE</u>	EI.T. ASSE	t Managemer	nt, LLC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Rob	Cole (Rolx) Name of Person	+ A. Cole)
	RAE-I.T.	ASSE + Manage	ement, LLC
	<u>3661</u> S	Bouth Pine A	· V
	Deala,	1-L 3447	/
	Rob (a) E-mail address: (i	IFL 3447 City/State and Zip Code RAEIT. COM to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca		
Rob Name o	Cole of Person	at (352) <u>895</u> Area Code Daytim	- 5663 e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$\footnote{S55.00}\$ Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

I.T. Asset Manageme. (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 v	vere filed on $11/33/3009$ and assigned
Florida document number <u>LO9</u> 000112655	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil South Pine Av The new name must be distinguishable and contain the words "Limited Liability".	
The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	2710 SE 38 St. Ocala, FL 34480
(Principal office address MUST BE A STREET ADDRESS)	0 cala, FL 34480
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2710 SE 38 St. Ocala, FL 34480
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	
New Registered Office Address: 271	OSE 38 STREET. Enter Florida street address
$\underline{\mathcal{O}}_{\mathcal{C}}$	2. La
	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 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>	Name	Address	Type of Action
SEC	Morgan D. Cole	3661 S. Pine. AV	□Add
	U	3661 S. Pine AV Ocala, F2 3447-1	Remove
			□Change
			🗆 Add
			□Remove
			□ Change
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ated _	A vgvs+ 15 2022. Signature of a thember or authorized representative of a member
	$\mathcal{T}_{\mathcal{A}}}}}}}}}}$
	Signature of a thember or authorized representative of a member Robert A. Cole Typed or printed name of signee