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,. (Ac	idress)				
(Address)					
(Ci	ty/State/Zip/Phone	 ⊋#)			
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K.SALY EXAMINER AUG 2 2 2012

COVER LETTER

TO:	Registration S Division of Co				
SUBJI	ECT:	Tech Consu	iltants Group, LLC		
		Name of Limit	ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspondent	ondence concerning this matter	to the following:		
		Maryum Chaudhary			
Name of Person					
Tech Consultants Group, LLC					
	Firm/Company				
	6011 Northwest 44th Avenue				
	Address				
		Cov	conut Crook El 33073		
	Coconut Creek, FL 33073 City/State and Zip Code				
			• •		
		E-mail address: (t	o be used for future annual report noti	fication)	
For fu	rther information	concerning this matter, please c	all:		
	Mar	um Chaudhary	at (954)	682-5991	
Name of Person			Area Code & Daytime Telephone Number		
Enclos	sed is a check for	the following amount:			
\$2.	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Section 2 (2014) \$\ \times \) \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			•		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section ion of Corporations 3ox 6327	STREET/COUR Registration Section Division of Corportion Building 2661 Executive Country Tallahassee, FL 3	Orations Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED:
12 AUG 21 AM II: 26
SCURLIAR OF STATE
TALLAHASSEE, FLORIDA

Tech Consultants Group, 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 Liab	nility Company were filed on	05/25/11	and assigned		
Florida document numberL110000614	, , , <u> </u>		and assigned		
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability company her	<u>e</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicat	ole:				
(Principal office address MUST BE A STREET	ADDRESS)	,			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u> </u>				
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, enter	the name of the new		
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida				
	Citv		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title . <u>Name</u> <u>Address</u> Type of Action MGRM Fasal Chaudhary 6011 Northwest 44th Avenue Coconut Creek, FL 33073 ✓ Add
☐ Remove ☐ Add Remove __ Add Remove Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July <u>29</u>, Dated ____ gnature of a member or authorized representative of a member Maryum Chaudhary

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00