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COVER LETTER

Division of Cor				
SUBJECT: THE TE	CH SOCIETY CONSUL	TING LLC		
SUBJECT.	Name of Limit	ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
	ondence concerning this matter	•		vijos vo s int
	ANDRES PAIPA	Ü		
	 	Name of Person		
	THE TECH SOCIET	Y CONSULTING LLC		The state of the s
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		95
	15266 W TRANQUIL	LITY LAKE DR		
		Address		
	DELRAY BEACH FL	. 33446		
		City/State and Zip Code	 .	
	APAIPA@THETECH			
		o be used for future annual report notificat	ion)	
For further information of	concerning this matter, please concerning	all:		
ANDRES PAIPA		561 628-0185		
Name o	of Person	Area Code & Daytime To	elephone Number	
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

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

THE TECH SOCIETY CONSULTING 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 02/08/2013	and assigned
Florida document number L13000020252		<u>ှင</u> ်း မိ
riorida document number		Carrier States
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limit"L.L.C."	ited Liability Company," the designation	ntion "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	15266 WEST TRANQUIL	ITY LAKE DR
(Principal office address MUST BE A STREET ADDRESS)	DELRAY BEACH FLORI	DA 33446
The same than a dame of any blooking	15266 WEST TRANQUIL	ITY I AKE DR
Enter new mailing address, if applicable:	DELRAY BEACH FLORI	
(Mailing address MAY BE A POST OFFICE BOX)	DELRAT BEACH FLORI	DA 33440
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida str		eet address
	, Flor	
	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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	CHAD WEINKOFF	17331 VENTANA DR	Add
		BOCA RATON FL 33487	Remove
 		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
			Remove
			Remove
			<u></u>
			Add
			Remove
			Add
			Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)
		<u> </u>
Dated JULY	7 15 2013	
	Anoles Camilo Daipa	
	Signature of a member or authorized representative of a member ANDRES PAIPA	
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	13 JUL 19 . A W 15
		5 5