13000034973

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	egistration Se ivision of Cor			
SUBJECT		TECHNOLOGY CONSULTIN	NG LLC.	
SUBJECT	•	Name of Lim	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		THOMAS HACKER		
			Name of Person	
		CEMENT TECHNOLOG	Y CONSULTING LLC.	
			Firm/Company	
		135 WESTON RD. #165		
		***************************************	Address	
		WESTON FL. 33326		
			City/State and Zip Code	
		thacker@cemtecon.com		
		E-mail address: (to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please c	all:	
LUISA MI	EDINA		954 8598401 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration 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

(Name of the Limited Liability Compa (A Florida Limited)	nny as it now appears on our records.) Liability Company)	• • •					
The Articles of Organization for this Limited Liability Company Florida document number L13000034973	and assigned						
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	he abbrevia	tion "L.I	L.C."			
Enter new principal offices address, if applicable:	 						
(Principal office address MUST BE A STREET ADDRESS)	2800 GLADES CIRCLE, SUITE 156						
	WESTON FL. 33327						
Enter new mailing address, if applicable:							
Mailing address MAY BE A POST OFFICE BOX)	135 WESTON RD. #165						
	WESTON, FL 33326		 				
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			
Name of New Registered Agent:		Pi-	6				
New Registered Office Address:		FLORIES		J. H.			
	Enter Florida street address		49)				
	, Florida	1					
	City	7;	Code				

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

CEMENT TECHNOLOGY CONSULTING LLC

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

MGR = Manager AMBR = Authorized Member					
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Typed or printed name of signee

Filing Fee: \$25.00