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(Requestor's Name)							
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SECRETARY OF STATE

COVER LETTER

TO:	Registration Section Division of Corporation	ns		#*).* }*			
SUBJI	ECT:	JHONG	CY TECH LLC					
			ted Liability Company					
The en	closed Articles of Amend	ment and fee(s) are sub	omitted for filing.					
Please	return all correspondence	concerning this matter	to the following:					
		(GOMEZ, JHONNY A					
			Name of Person					
			IHONCY TECH LLC					
			Firm/Company	Final Control				
	7950 NW 53RD ST, SUITE 337							
			Address	·				
MIAMI, FL 33166								
			City/State and Zip Code					
	Jhonny@jhoncytech.com E-mail address: (to be used for future annual report notification)							
For fur	ther information concerni	ng this matter, please c	all:					
	Andres H	lurtado	at (305)	423-8	932			
	Name of Person			k Daytime Telepho	one Number			
Enclos	ed is a check for the follow	wing amount:						
₹ \$25		0.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is 6		\$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is			
MAILING ADDRESS:		STREET/	COURIER AD	DRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	JHONCY T	TECH LLC		
(<u>Na</u>	me of the Limited Liability Compa (A Florida Limited	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization 1	for this Limited Liability Compan	y were filed on	04/24/2013	and assigned
Florida document number	L13000060074			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distingu "L.L.C."	ishable and end with the words "Lin	nited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)	 	<u> </u>	
F	26 a an 12 a h ha			
Enter new mailing address, (Mailing address MAY BE A			···-	
				
	ered agent and/or registered o new registered office address he		our records, <u>enter t</u>	he name of the new
				
Name of New Regis	tered Agent:			
New Registered Off	ice Address:	Er	 ter Florida street add	ress
			, Florida	
		City	, Florida	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 amer ling 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 Type of Action **Address** <u>Title</u> Name 10295 COLLINS AVE UNIT 704 CUEVAS, JORGE R MGR ☐ Add ✓ Remove BAL HARBOUR, FL 33154 CUEVAS, JORGE R 10295 COLLINS AVE UNIT 704 MGRM Remove BAL HARBOUR FL 33154 Remove ∏Add Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated ____ MAY 15 Signature of a member or authorized representative of a member CUEVAS, JORGE R Typed or printed name of signee

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