## L13000070593

(Requestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
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Certified Copies	_ Certificates	of Status	
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Office Use Only



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SECRETARY OF STATE TALL AHASSEE FLORIDA

APPROVEU AND FILED

C. LEWIS DEC 1 7 2013 EXAMINER

## COVER LETTER

TO: Registration Se Division of Cor			A				
	ch Now, LLC						
Name of Limited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspondent	ondence concerning this matter	to the following:					
	Daniel Feick						
		Name of Person					
	1800 Tech Now, LLC	;					
		Firm/Company					
	2755 S Federal Hwy	, Ste 9					
		Address					
	Boynton Beach, FL 3	33435					
	feickdaniel@gmail.co	City/State and Zip Code					
	E-mail address: (te	o be used for future annual report notificat	ion)				
For further information of	concerning this matter, please ca	all:					
Daniel Feick		561 704-0167					
Name o	of Person	Area Code & Daytime To	elephone Number				
Enclosed is a check for t	he following amount:						
□ \$25.00 Filing Fec	□\$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 Tallahassec, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## AKTICLES OF AIVIENDIVIENT TO ARTICLES OF ORGANIZATION OF

APPROVED
AND
FILED

13 DEC 16 AMII: 09
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

1800 Tech Now, 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 and assigned Florida document number L13000070593 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 2755 S Federal Hwy, Ste 9 Enter new principal offices address, if applicable: Boynton Beach, FL 33435 (Principal office address MUST BE A STREET ADDRESS) 2755 S Federal Hwy, Ste 9 Enter new mailing address, if applicable: Boynton Beach, FL 33435 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Michael Carlson Name of New Registered Agent: 2755 S Federal Hwy, Ste 9

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

New Registered Office Address:

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.

City

Boynton Beach

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

if amending the istanagers of istanaging istembers on our records, enter the title, name, and address of each istanager 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
MGMR	Michael Carlson	2755 S Federal Hwy, Ste 9	Add
		Boynton Beach, FL 33435	Remove
MGMR	Daniel Feick	2755 S Federal Hwy, Ste 9	
		Boynton Beach, FL 33435	Remove
			Add
			Remove
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If amending any other information,			APPROVED
If amending any other information,	enter change(s) h	i <b>ere:</b> (Attach additie	onal sheets, if necessary.)[[]
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			SECRETARY OF STA
			amosti. Flori
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November 22	2013		
edSignature	obf a member or au	thorized representativ	re of a member
<i>3</i>		FEICK	
	Typed or pri	nted name of signee	

Page 3 of 3

Filing Fee: \$25.00