## 114000181116

(Requ	estor's Name)
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luane	1
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PICK-UP	│ │ WAIT
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Certified Copies	Certificates of Status
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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
SUBJECT: RR 3	2 Technology	iec LIC	
SUBJECT: ON S	2 Technologi Name on im	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for tiling.	
	idence concerning this matter	-	
	ANTON B	Sez <i>FAMILNYY</i> Name of Person	
		Sezfamelnyy  Name of Person  hnologies LLC  From Company	
	8 ELM ST	UNIT B	
	FRAMINGHI	Address  AM, MA 01701  City State and Zip Code  O gmail. com  tabe used for future annual report not	
	br32//c@	City State and Zip Code  Ognocial Com  The reset for future propert reset not	Herman A
	ncerning this matter, please o		TCAIL 9117
ANTON BEZA	A MILNYY Person	at ( <u>6/7</u> ) <u>775</u> Area Code Daytim	- OY8/ c Telephone Number
Enclosed is a check for th	e following amount:		
X\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S		<u>Street Address:</u> Registration Se	ction
Division of Co	prporations	Division of Cor	porations
P.O. Box 632	1	The Centre of T	
Tallahassee, F	1. 52514 	2415 N. Monro Tallahassoe El	e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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1	R 32 Techn	ologies	LLC			
	R 32 Techn (Name of the Limited Lie	ability Company a orida Limited Fiabi	s it now appears on lity Company)	our records.)		
	ation for this Limited Liabili er <i>Ll4000181116</i>		e filed on///	124/2014	and assigned	
This amendment is subt	nitted to amend the following	ត់;				
	enter the new name of the					
TER	RAPAL SOL	UTION.	S LLC			
The new name must be distir	iguishable and contain the words	Tamited Fiability 0	'ompany," the design	nation "LLC" or the abbr	reviation "L.L.C."	
Enter new principal of	! Tices address, if applicable:	: _				
Principal office addres	<u>s MUST BE A STREET AI</u>	DDRESS)				
		_				
Enter new mailing add	ress, if applicable:	_				
(Mailing address MAY	BE A POST OFFICE BOX	<u> </u>				
		_			<del>-</del>	
B. If amending the reg	 gistered agent and/or regist	ered office add	'ess on our reco	rds, enter the name	of the new registered	
	egistered office address her			<del></del>	<del></del> -	
Name of New	Registered Agent:					
New Registere	d Office Address:			<del>.</del>		
	Enter Florida street address					
	_		City	Florida	Zip Code	
New Registered Agent's	Signature, if changing Regist	tered Agent:	· · · ·		<i>Syr</i> vac	
I hereby accept the approvisions of all statut accept the obligations being filed to merely r	pointment as registered ages relative to the proper anof my position as registere effect a change in the regis ified in writing of this chan	ent and agree to ad complete per ad agent as prov aered office add	formance of my vided for in Cha	duties, and Lam fai pier 605, F.S. Or, if	miliar with and This document is	
		If Changing	(Registered Agent,	Signature of New Regi	stered Agent	
	1					

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	Manager Authorized	Member		
<u>Title</u>	<u>Name</u>		Address	Type of Action
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				□Remove
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Filing Fee: \$25.00 ·