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COVER LETTER

TO: Registration Se Division of Co		
	chnical Communication LLC	• • • • • • • • • • • • • • • • • • •
SUBJECT:	Name of Lim	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	Abdiel Rodriguez Sepulve	da
		Name of Person
		Firm/Company
	2520 Desoto Blvd S	
		Address
	Naples, FL, 34117	
		City/State and Zip Code
	abdiel28@hotmail.com	
		to be used for future annual report notification)
For further information of	concerning this matter, please c	all:
Abdiel Rodriguez Sepul	veda	786 326 1178 at ()
Name o	of Person	at () Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited Liability Company orida document number L14000196717	were filed on 03/29/2021	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
e new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applicable:	2520 Desoto Blvd S	
Principal office address MUST BE A STREET ADDRESS)	Naples FL 34117	
nter new mailing address, if applicable:		
Tailing address MAY BE A POST OFFICE BOX)		
and the second s		
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	e of the new registe
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street address	<i>G</i> 9
	Enter Florida street address , Florida	0 2 3
New Registered Office Address:	, Florida	Zip Code
	, Florida	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
Radiel Gutierrez	2436 43RD STREET SW	□Add
	NAPLES FL 34116	≣Remove
		□Change
Ivet Carmenaty	1013 Thompson Ave	
	Lehigh Acres FL 33972	□Remove
		□Change
 		□Add
		□ Remove
		□Change
		□Add
		Remove APR □ Change
		Li Remove
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	Radiel Gutierrez	Radiel Gutierrez 2436 43RD STREET SW NAPLES FL 34116 Ivet Carmenaty 1013 Thompson Ave Lehigh Acres FL 33972

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				<i>~</i>
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ocument's effective date on t	the Department of State's record	5.	R -2	
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record specifies a delayed eff l is filed.	fective date, but not an effective	time, at 12:01 a.m. on the o		atter the
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ated	, 2021	·	_	
	Signature of a member or auth	norized representative of a me	mber	

Filing Fee: \$25.00