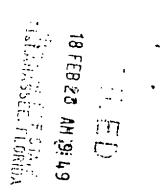
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(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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MAR 0 1 2018 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 072101 8176605
AUTHORIZATION :
COST LIMIT : \$ 25.00
ORDER DATE : February 14, 2018
ORDER TIME : 9:08 AM
ORDER NO. : 072101-005
CUSTOMER NO: 8176605
DOMESTIC AMENDMENT FILING
NAME: LATECH SOLUTIONS LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

COVER LETTER

LATECH : SUBJECT:	SOLUTIONS LLC				
SUBJECT.	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Anthony Rivera				
		Name of Person			
	LATECH SOLUTIONS L	LC			
Firm/Company					
	9216 34th Avenue Apt. 5E)			
		Address			
	Jackson heights, NY 1137	2			
	antonino242@hotmail.com				
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	concerning this matter, please ca	all:			
Anthony Rivera		347 568-0230			
Name o	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
S25.00 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

TO:

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

LATECH SOLUTIONS 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 01-06-2015 and assigned Florida document number <u>L1500</u>0002850 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 Liability Company," the designation "LLC" or the abbreviation "L.L.C." 9216 34th Avenue Enter new principal offices address, if applicable: Apt. 5D (Principal office address MUST BE A STREET ADDRESS) Jackson Heights, NY 11372 9216 34th Avenue Enter new mailing address, if applicable: Apt. 5D (Mailing address MAY BE A POST OFFICE BOX) Jackson Heights, NY 11372

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:

Name of New Registered Agent:		-1		
		4 7	18	
New Registered Office Address:			رت	
	Enter Florida street address	7	θ	-· 1
		ر. رس	Vο	-
	, Florida	<u></u>	<u></u>	7.4
	City	Zij.	- Ende	177
Nam Degistered Agent's Signature if shanging Degistered Agents		E		frances
New Registered Agent's Signature, if changing Registered Agent:		3.	مَا	1

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

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>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Anthony Rivera	9216 34th Avenue	
		Apt. 5D	□ Remove
		Jackson Heights, NY 11372	Change
			Add
			□ Remove
			🗀 Change
			Add
			Remove
			SSEC FLONDA
			□ Change
	······································		Add
		 	Remove
			☐ Change
	·-		
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary	•
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	FEB 2.
E. Effective date, if other than the date of filing:	SSE
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	Pursuant to 60 200 07 (3)
document's effective date on the Department of State's records.	9:4
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. o	on the earlier of:
(b) The 90th day after the record is filed.	
Dated February 15 2018	
<u> </u>	
Signature of a member of authorized representative of a member	<del></del>
Anthony Rivera	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00