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COVER LETTER

TO:	Registration Sec Division of Corp			
O. I. I.	T CM	ТЕСН	4 IP, LLC	
SUBJ	ECT:	Name of Lim	ited Liability Company	· <u>·······</u>
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			ADOLFO RAMIREZ	
			Name of Person	
			TECH 4 IP, LLC	
			Firm/Company	
		•	3002 NW 72 AVENUE	
			Address	
			MIAMI, FL 33122	
			City/State and Zip Code	14.0444
			OLFO@TECH4IP.COM	
		E-mail address: (to be used for future annual report notif	ication)
For fu	irther information c	oncerning this matter, please co	all:	
	ADOLFO	RAMIREZ	305 713-7260	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$3	25.00 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 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

TEC	CH 4 IP, LLC		
(Name of the Limited Lial	oility Company as it now appear rida Limited Liability Company)	rs on our records.)	
(A I M	ida Emmed Elability Company)		
he Articles of Organization for this Limited Liability	Company were filed on	04/14/2015	and assigned
lorida document numberL15000065438	·		
his amendment is submitted to amend the following	:		
. If amending name, enter the new name of the li	imited liability company h	ere:	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the c	designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:			, ALAMAN (III.)
Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or re	nistared office address or	n our records el	nter the name of the
egistered agent and/or the new registered office a		our records, <u>er</u>	the name of the
			3
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Paddress.	Enter Flo	rida street address	
		, Florid	a constant
_	City	 -	Zip Code
lew Registered Apent's Signature if changing Degiste	red Agent		<u>Ç</u>

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 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
MGR	NERIO AMAYA	4939 SW 144 TH AVENUE	
		MIAMI, FL 33175	Remove
			☐ Change
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and of	cannot be prior to	o date of filing	or more than 90	(option days after fi	ling.) Pt	ırsuant	to 605.02
If the date inserted in this block does not me ment's effective date on the Department of Sta		ble statutory	filing requiren	ients, this c	late wi	ll not b	e listed
·							
ecord specifies a delayed effective da	ite, but not	an effecti	ve time, at	12:01 a.i	m. on	the e	earlier
e 90th day after the record is filed.							
MAY 25	2016						
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Signature of a m	MARIA	V V V V V I					

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Filing Fee: \$25.00