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## **COVER LETTER**

	Registration Sec Division of Corp			
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SUBJEC	- I :	Name of Limi	ted Liability Company	
The enck	osed Articles of z	Amendment and fee(s) are subt	nitted for filing.	
Please re	turn all correspoi	ndence concerning this matter t	to the following:	
		MAREK CEGIELSKI		
			Name of Person	
		T-TECHNOLOGY ONEA.	I.C	
			Firm:Company	100000000000000000000000000000000000000
		903 NE 17TH WAY		
			Address	<del></del>
		FLLAUDERDALE, FL 33	30.1	
			City/State and Zip Code	
		l:-mail address; ()	o be used for future annual report notifi	cation)
For furth	er information ec	oncerning this matter, please ca	d1:	
NAR	eK Ceg 1 Name of	eLSK1 Person	at ( <u>959)</u> <u>487 - 9</u> Area Code Daytime	277Y Telephone Number
Enclosed	l is a check for th	e following amount:		
\$25.0	00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (add)tional copy (senctosed)	☐ \$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

T-TECHNOLOGY ONE LLC						
(Name of the Lim	ted Liability Compa (A Florida Limited l	i <mark>ny as it now appo</mark> Liability Company	ears on our records.) )			
The Articles of Organization for this Limited I Horida document number $\frac{1.15000129294}{1.15000129294}$	iability Company	were filed on [	)7/29/2015	and assig	gned	
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company	here:			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	e designation "LLC" or the abl	previation "L.E	<u>,(`,"</u>	
Enter new principal offices address, if applicable:		903 NE 1711	EWAY			
Principal office address MUST BE A STREA		FLEAUDER	DALE, FL 33304	_		
	<u>-</u>			<b></b>	75K	
inter new mailing address, if applicable:		903 NE 17TE	LWAY	JUN I	0.40 NO 186 LYS 188 JSH	
(Mailing address MAY BE A POST OFFICE BOX)		FLLAUDER	DALE, FL 33304	A.	ÿ.,∴. u –	
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<ol> <li>If amending the registered agent and egistered agent and/or the new registered or</li> </ol>			on our records, <u>enter t</u>	<u>the name o</u>	<u>f the n</u>	
Name of New Registered Agent:	MAREK CEGI	ELSKI				
New Registered Office Address:	903 NE 17TH	WAY				
		Enter F	lorida street address			
	FTLAUDERDALE		Florida <u>333</u>	Florida <u>33304</u>		
	City			Zip Code		

## 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
AMBR	RYSZARD HUDJUS	9151 NW 66TH LN	
		PARKLAND, FL 33067	<b>≡</b> Remove
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(If an effect	date, if other than the ive date is listed, the date in	ust be specific a	nd cannot be pric		or more than 90 day:		
	the date inserted in this lit's effective date on the				inng requirement	s, this gate will not	be liste
	d specifies a delaye Oth day after the re			ot an effectiv	ve time, at 12:	01 a.m. on the	earlie
Dated	NE 08		2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00