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CUEVAS, GARCIA & TORRES, C.A.

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H200003507213

ARTICLES OF AMENDMENT

ARTIĆ	LES:	OF AMENDMENT TO -0 1:08
ARTIC	ES C	F ORGANIZATION
·	!	OF
19TECC LLC		
(Name of the Limited Lin (A Flo	bility C	company as it now appears on ever records.)
	Ι.	
 The Articles of Organization for this Limited Liabilit	y Con	many were filed on 08/16/21.15 and assigned
Florida document number L15000134665	<u> </u>	;
		<u>*</u>
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	l limite	liability company here:
, , , , , , , , , , , , , , , , , , ,		
The same has distinguishable and contain the words	Limite	Liability Company," the design ion "LLC" or the abbreviation "L.L.C."
The new pattle must be distinguishable and contain the words		
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET AL	DRE	SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
		office address on our recor's, enter the name of the new registered
B. If amending the registered agent and/or registagent and/or the new registered office address he	ereu re:	office address on our recor s, enter the name of the new registered
agent and or the new regions		
531 D 11 11 11 11 11 11 11 11 11 11 11 11		
Name of New Registered Agent:		
New Registered Office Address:		
		Enter Florida s set address
		, Florida
		City Zip Code
New Registered Agent's Signature, if changing Regi	tered	
provisions of all statutes relative to the proper a	nd ca ed ag	nd agree to act in this capacity. I further agree to comply with the implete performance of my suities, and I am familiar with and int as provided for in Chap er 605, F.S. Or, if this document is
being filed to merely reflect a change in the regi	sierea noe	office address, I hereby or ifirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

HZD0003507213

H200003507213

f amending Au orized Person(s) authorized to manage, en er t e ti le, name, and address of cac person being added or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Title 1 Name ddress DELGADO ZAMORANO, ANDRES 6023 S DIXIE HWY MGR BAdd NARANJA, FL 33032 □Remove ☐ Change □Add Change □Add □Remove _ 🗆 Chango □Add Remove Change □Add Remove Change _ □Add Change

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If amending any other information,	enter change(s) te	re: (Attach additional sheets, if necessary.)
		<u> </u>
<u> </u>		
, <u> </u>		
Effective date, if other than the dat	e of filing:	(optional)
(If an effective date is listed, the date must be	specific and ciminot be p	rior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) licable statutory filing requirements, this date will not be listed as the
document's effective date on the Depar	tment of State's reco	rds.
the record specifies a delayed effective da	te, but not an effecti	e time, at 12:01 a.m. on the carlier of: (b) The 90th day after the
ord is filed.		
Dated September 11	/ 20 20	
Dated	1/1	$\sqrt{1}$
★ Sign	pature of a member or	athorized representative of a member
NELSON DELGADO		
NELSON DELAIADO	Typed or p	inted name of signee
		H200003507213

Foling Fee: \$25.00