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COVER LETTER

TO:

	Registration Sec Division of Corp					
SUBJEC	Technology	Partners Advancement System	ns, LLC			
SUBJEC	•	Name of Limi	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspor	ndence concerning this matter	to the following:			
		Brian Hammontree				
			Name of Person			
			Firm/Company			
		14906 Stonebriar Way				
		Orlando, Fl 32826	Address	TALLA	2016 SEP	i
		pigsandtwigs72@gmail.com	City/State and Zip Code	S S S S S S S S S S S S S S S S S S S	P 19	
For furthe	er information co	E-mail address: (to proceed this matter, please ca	to be used for future annual report notification	FLURIDA	P 12: 11	J
Brian Ha	mmontree		407 223-4468 at ()		Ē	
	Name of	Person	Area Code Daytime Telepl	none Number		
Enclosed	is a check for th	e following amount:				
\$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	□ \$60.00 Filit Certificate Certified C (additional c	of Stati Copy	
		NG ADDRESS:	STREET/COURIER AI Registration Section	DDRESS:		

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Technology Partners Advancement Systems, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000018436</u> .	were filed on 01/26/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
Resurrection Advancement Systems, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		22
		SEP SEP
Enter new mailing address, if applicable:	/	ASS.
(Mailing address MAY BE A POST OFFICE BOX)		m-< .0
indusing duties Mail BE 78 7 OST OF I RCB BOA		
		22
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street address	
	Flowin	lo.
/	, Floric	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S	am familiar with and C. Or, if this document is

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Add
			□ Remove
			Change
			□ Add
			Remove
			□ Change
			□ Add
			Remove
			CO:
			Remove
			□ Change
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(Name Change Only)	
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fective date is listed, the date must be specific and cannot be prior to date of filing or mo	re than 90 days after filing.) Pursuant to 60
If the date inserted in this block does not meet the applicable statutory filing nent's effective date on the Department of State's records.	requirements, this date will not be in
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cord specifies a delayed effective date, but not an effective tir	me at 12:01 a.m. on the ear
e 90th day after the record is filed.	inc, at 12.01 a.m. on the can
·	
Sortenber 13, 2016.	
<u> Solle</u> .	
Signature of a member or authorized representative of	of a member
2.6	

Page 3 of 3

Filing Fee: \$25.00