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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 3 0 2018 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Tecl	Jicker 1916 10 Name of Lim	LLC ited Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Jorge Techs 1464 Delto	Name of Person Lide projecte Firm/Company Lide Cir Address Sha E 32738 City/State and Zip Code	ALCARIA	FILED 18 OCT 22 PM 6: 34 SECRETARY OF STATE SECRE
	Juige v	to be used for future annual report not	·Cum	
	E-mail address: (to be used for future annual report noti	ification)	
For further information con	ncerning this matter, please ca	all:		
Name of	E Moreno Person	at (<u>407</u>) <u>240</u> Area Code Daytim	4-2035 Re Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional cop	f Status & py

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

Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.)
	were filed on 5 11 2016 and assigned
Florida document number <u>L. 16 OCX (1991</u>	
This amendment is submitted to amend the following:	
Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) A Florida Limited Liability Company) A Florida Limited Liability Company were filed on	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1464 Vale Cir
(Principal office address MUST BE A STREET ADDRESS)	AS -
Enter new mailing address, if applicable:	1464 Vale Cx SE 2 T
(Mailing address MAY BE A POST OFFICE BOX)	7 TO 11
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, enter the flame of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: 10 10 10 10 10 10 10 10 10 10 10 10 10	(optional)	<u> 1207</u> (
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ocument's effective date on the Department of State's records.		
e record specifies a delayed effective date, but not an effective tim	ne lat 12:01 a.m. on the earlier	r of:
The 90th day after the record is filed.	10, 00 10,01 0,000	. • .
ated 10/17/18		
ated 10/17/18		
signature of a member of authorized representative of	a member	

Page 3 of 3

Filing Fee: \$25.00