L16005	0 95116
(Requestor's Name) (Address) (Address)	600414544006m
(City/State/Zip/Phone #)	LED MASSEE FLE
(Business Entity Name) (Document Number)	09/12/2301002021 **25.00
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	RECEIVED 2023 SEP 12 AMII: 34 ALLAHASSEE: FLUHH

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COVER LETTER

TO: Registration Section Division of Corporations

Tech SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Voldez Scott Afford Tech LLC 7228 Charcona Orece Rd Unit 245 Clarcina FL 32710 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ai (407) 491-5365 Area Code Daytime Telephone Number Lane of Person

Enclosed is a check for the following amount:

1 \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite \$10 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF AFOND Tech LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SEC
(Principal office address MUST BE A STREET ADDRESS)	E E E
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, <u>enter th</u> agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	e name of the new registered

Enter Florida street address

, Florida ____

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.

City

'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

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Title	<u>Name</u>	Address	Type of Action
AMBR	Jeremy Hickman	821 Herndon Ave #1411.	88 TAdd
	5	Orlando, Fr 32814	🗆 Remove
			🗆 Change
			🗆 Add
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D.	If amending any	other information.	enter change(s) here:	(Attach additional sheets,	if necessary.)
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated <u>I Ceptender, 12</u> . 2023
1/2 A
Signature of a member or authorized representative of a member
thicker Josephine Josephin

Filing Fee: \$25.00