Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number: I20000000146 Phone : (305)444-4994

Fax Number : (305)328-4774

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOUSE OF TECHS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	, Florid	lu Zip Code
	arrier , 107 and on the address	
New Registered Office Address:	Enter Florida street address	
Name of New Registered Agent:		
gent and/or the new registered office address here:		
3. If amending the registered agent and/or registered office a	iddress on our records, <u>enter the</u>	name of the new registered
Mailing address MAY BE A POST OFFICE BOX		25 P:
Inter new mailing address, if applicable:		F PH IZ:
		eget de la companya
		± 5° − − ×
Principal office address MUST BE A STREET ADDRESS)		22 E
Inter new principal offices address, if applicable:		.: 20
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
A. If amending name, enter the new name of the limited liab	ility company here:	
•		
his amendment is submitted to amend the following:		
lorida document number L16000107380	were thed on	and assigned
he Articles of Organization for this Limited Liability Company	were filed on 06/02/2016	and assigned
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)	
HOUSE OF TECHS LLC		

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

Title	<u>Name</u>	Address	Type of Action
MGR	Miguel Hernandez Fernandez	23701 SW 132ND AVE	= Add
		UNIT # 23	□Remove
		PRINCETON, FL 33032	Change
			□Add
		·	□Remove
			□Change 2022 HAY
			□ Add Rêinove-p Rêinove-p □ N □ N □ N
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			<u> </u>
		- 1, 2	D :21 Hd
		3 7	<u> </u>
Note: If the date inserted in	n the date of filing: ate must be specific and cannot be prior to date of filing or more than 90 day this block does not meet the applicable statutory filing requirement the Department of State's records.	(optional) s after filing.) Pursuant to 605 s, this date will not be list	5.0207 (3)(b ed as the
ne record specifies a delayed c ord is filed.	ffective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day afte	r the
Dated			
	Sandra Castro Rodriguez Signature of a member or authorized reputentative of a member		
SANDRA CASTI	Typed or printed name of signee		

Filing Fee: \$25.00