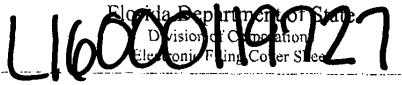
DDS TAX SERVICE

Division of Corporations



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.

(((H16000210686 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : DDS TAMPA TAX SERVICE

Account Number : I20140000115 : (813)882-8426 Phone Fax Number : (813)884-0263

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TECH-SOLUS LLC

> Certificate of Status Certified Copy Page Count 01 Estimated Charge \$25.00

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Help

COVER LETTER

TO:	Registration Se Division of Cor			
eun in	TECH-SOL	US LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	,
The enc	clased Articles of	Amendment and fee(s) are sub	mitted for filing,	
Please r	return all correspo	ndence concerning this matter	to the following:	
		RODOLPHO S CRISTOF	ARO	
			Name of Person	
		TECH-SOLUS LLC		
			Finn/Company	TASE S
		10418 SNOWDEN PL		THE THE
			Address	
		TAMPA F1, 33626		
		RDASILVA@LIBERTYTA	City/State and Zip Code	िन्न 😞
			to be used for future annual report notif	ication) 5 5
For furt	ther information c	oncerning this matter, please c	all:	
RODO	LPHO S CRISTO	PARO .	813 841-1662	
	Name o	ſ Person		: Telephone Number
Englose	ed is a check for th	ic following amount:		
B 825	i,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Capy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 ossee, FL 32314	STREET/COURL Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECH-SOLUS LLC		
(Name of the United United Compa (A Florida Limited)	any as it now annears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number L16000119727	y were filed on 06/21/2016 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lish	hility company here:	
The new name must be distinguishable and contain the words "Limited Linds	sility Company," the designation "T.I.C" or the abbreviation "T.I.C."	_
Enter new principal offices address, if applicable:	10418 SNOWDEN PL	
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33626	<u>-</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10418 SNOWDEN PL SS 65	
B. If amouding the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		<u>Juer</u> J
New Rugistered 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	HDALECIÓ ANDRADE	10121 BENNINGTON DR	🗆 Add
		TAMPA FL 33626	
			Change
MGR	RODOLPHO CRISTOFARO	10418 SNOWDEN P1,	
		TAMPA FL 33626	□ Remove
			□ Change
··			□ Add
			☐ Remove
			Change
<u> </u>			AHADA AL
			SSECTION S
	<u></u>		25 42 25 42 27 60
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			☐ Change
		· · · · · · · · · · · · · · · · · · ·	Add
			C Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	- <u></u>
	- — — — — — — — — — — — — — — — — — — —
Effective data if when they the data of Gilian	(
(If an effective date is listed, the date must be specific and cannot leave if the date inserted in this block does not meet the document's effective date on the Department of State's re-	(optional) be prior to dute of filing or more than 90 days after filing.) Pursuant to 605,0307 (3) applicable statutory filing requirements, this date will not be listed as the coords.
if the record specifies a delayed effective date, b b) The 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the earlier of:
Dated AUGUST 2016	
~ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	or audiorized representative of a member
RODOLITIO CRISTOFARO	DE named name of viguo

Page 3 of 3

Filing Fee: \$25.00