

L16000146613

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

OCT 19 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECNO MODDHA LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

VERONIKA SANDOR

Name of Person

TECNO MODDHA LLC

Firm/Company

415 DAIRY RD SUITE E-518

Address

KAHULUI, HAWAII 96732

City/State and Zip Code

VS@MODDHA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VERONIKA SANDOR

Name of Person

at (808) 463-8498

Area Code

Daytime Telephone Number

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SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|---|

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**

TECNO MODDHA 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 July 26, 2016 and assigned Florida document number L16000140613.

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 the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

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

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TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
OWNER	MODDHA INTERACTIVE INC (A HAWAII C ORP)	415 DAIRY RD SUITE E-518 KAHULUI, HAWAII 96732	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	TECNOMODA LLC (A PENNSYLVANIA LLC)	593 NOTTINGHAM DR YARDLEY PA 19067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER & AMBR (DIRECTOR MEMBER)	I. MICHAEL INDIANO	593 NOTTINGHAM DR YARDLEY PA 19067	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER & AMBR (DIRECTOR MEMBER)	E. MICHAEL PORRAZZO	950 HANA HWY HANA HI 96713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER & AMBR MANAGING MEMBER MANAGING MEMBER	M. VERONIKA SANDOR	950 HANA HWY HANA HI 96713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
OWNER	SUMAIR MITROO	4020 GALT OCEAN MILE APT 1607 FT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

[illegible]

July 26, 2016 (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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SEPTEMBER 29, 2016



Typed or printed name of signee