116000143443

(Red	questor's Name)	
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09/20/16--01017--003 **25.00



COVER LETTER

TO: Registration Sec Division of Corp		•	
•	DLOGY LLC		
SUBJECT:	Name of Limit	ted Lipbility Company	·····
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o-the following:	
	THAMARA PEREZ		
		Name of Person	
	TABADESA ASSOCIATE	SS	
		Firm/Company	<u>.</u>
	419 W 49 ST, STE 111		
		Address	· · · · ·
	HIALEAH, FL 33012		
		City/State and Zip Code	
	TAMMYP@TABADESA.C		·
	E-mail address: (t	o be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	il:	
THAMARA PEREZ		305 558 - 0622	
Name o	f Person		Telephone Number
Enclosed is a check for th	ne 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 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

3S TECHNOLOGY LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our record da Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability	Company were filed on 08/01/2016	and assigned
Florida document number L16000143443	<u>. </u>	
This amendment is submitted to amend the following:	one feature	
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company." the designation "LLC	الحسيد (۲) حاكم
Enter new principal offices address, if applicable:		F. 60
Principal office address MUST BE A STREET ADD	RESS)	E
		S = 1
		- man 3 1 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE 20X)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		is, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	acc
•	,	
	, F	lorida 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

Title	<u>Name</u>	Address	Type of Action
MGR	MATTHEW SANABRIA	6952 SW 39th STREET	
		DAVIE, FL 33314	■ Remove
			Remove
			Change
**		·	□ Add
			□ Remove
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factive date if other t	an the date of filing:	(optional)
in effective date is listed, the	date must be specific and cannot be prior to date of filing or mo	ore than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted cument's effective date	n this block does not meet the applicable statutory filing on the Department of Staie's records.	g requirements, this date will not be fisted
record specifies a	lelayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlier
The 90th day after	he record is filed.	
SEPTEMBER 16	2016	
SELICIMIDEK 10	-1/1/1/2000 · 1/2000	
ited		
ated	11 / March Vlashur	

Page 3 of 3

Filing Fee: \$25.00