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	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-UF	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
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COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:		HNOLOGIES LLC		
30001.01.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		JOSE RIVERO		
			Name of Person	
			Firm/Company	
		438 SE 34TH TERRACE		
				
		HOMESTEAD FL 33033		
			City/State and Zip Code	
		JOSE@2WAYCORP.COM	to be used for future annual report notific	
12 - 25 - A - 25	,		·	апопу
For further in	formation coi	ncerning this matter, please co	111;	
JOSE RIVE	₹ O		786 8062658	
	Name of	Person	at () Area Code Daytime 1	Felephone Number
Enclosed is a	check for the	following amount:		
■ \$25,00 F	iling 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:

TO:

Registration Section

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

2WAY TECHNOLOGIES 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 10/31/2016 ___ and assigned Florida document number $\frac{1.16000200146}{1.16000200146}$ 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 "Lamited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSE RIVERO	438 SE 34TH TERRACE	
		HOMESTEAD, FL 33033	□ Remove
			☐ Change
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ffective date,	if other than	the date o	f filing: _				(optio	onal)	
<u>ote:</u> If the dat	te inserted in th	iis block doe	s not meet t	the applicab	date of filing of de statutory f	ir more than Iling requir	90 days after ements, this	filing.) Pursua date will not	nt to 605,02 : be listed
ocument's effe	ective date on t	he Departme	nt of State	s records.					
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Page 3 of 3

Filing Fee: \$25.00