## 11600218753

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## **COVER LETTER**

TO: 'Registration Se Division of Co			
TECHJAR	The state of the s		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	HELEN RANKIN		
	<del></del>	Name of Person	······································
	TECHJAR, LLC		
		Firm/Company	<del></del>
	610 SW 11TH ST		
		Address	·
	FORT LAUDERDALE, F	L-33315	
		City/State and Zip Code	
	helen@techjar.com		
	E-mail address: (	to be used for future annual report	t notification)
For further information of	concerning this matter, please co	all:	
HELEN RANKIN		908 6198483 au ()	7
Name (	of Person	Area Code Da	sytime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 of 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015	$\mathbb{Z}_{\mathcal{L}}$
2017 OCT 30	F# 12: 30
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TECHJAR, LLC

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{12/02/2016}{}$ and assigned Florida document number $\frac{L16000218753}{}$ .
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 "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
, Florida
· · · · · · · · · · · · · · · · · · ·
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>	Address	Type of Action
MGR	DAK GONZALEZ	16252 LAUREL DR. APT 201	Add
		WESTON, FL-33326	
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fective date, if other than the dat n effective date is listed, the date must be s	e of filing:	e of tiling or more than 90 day	(optional)	ะคร ควก
<u>ite:</u> If the date inserted in this block (	loes not meet the applicable s	tatutory filing requiremen	ts, this date will not be li	isted a
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record specifies a delayed eff	ective date, but not an	offective time at 12	·01 2 m on the ear	dias e
The 90th day after the record	is filed.	enective time, at 12	.01 a.m. on the ear	пегс
, JUNE 12	2017			
ted	·			
		representative of a member		

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Filing Fee: \$25.00