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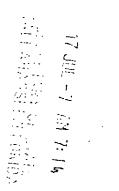
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

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|--|---|---|---|------|
| TO: Registration Section Division of Corpo | | | | |
| subject: | American Ir Name of Limi | formation Tech ted Liability Company | mologies | |
| The enclosed Articles of Ar | nendment and fee(s) are subr | nitted for filing. | | |
| Please return all correspond | ence concerning this matter t | to the following: | | |
| | Jor | dan P- Roser | nstuk | |
| | Americ | dan P. Roser Name of Person Intermation Firm/Company 1. Federal H Address | <u>Technologies</u> | |
| | 7300 N | 1. Federal H | ightay Snike | #207 |
| | Boca | City/State and Zip Code | 33487 | |
| | E-mail address: (to | o be used for future annual report notif | ication) | |
| For further information con | cerning this matter, please ca | 11: | | |
| Dayid Name of Pe | ttoffman erson | at ($\frac{919}{\text{Area Code}}$ Daytime | 1 - 7745 Telephone Number | |
| Enclosed is a check for the t | 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address** Type of Action MBR Knapp, Tyler L 1530 N. Federal Highway 1 Add Lake Horth, FL 33760 Bremove Mills, Jordan C 1530 N. Federal High BAR Lake Worth, PL 33460 Remove ☐ Change Rosenstack, Jordan P 7300 N. Federal Highway 1207 WER Boca Roben Pl 33487 - Remove Hoffman, Aurid A 7300 N. Federal Highway Brade Baca Rotan FL 334870 Remove # 201 Jonathan, Fedos J 7300 N. Federal Highway Drade Boxa Rober FL 37487 @ Remove #207 ☐ Change

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| American Inf (Name of the Limited Liability Company (A Florida Limited Lia | |
|---|--|
| The Articles of Organization for this Limited Liability Company w Florida document number | were filed on $6/23/17$ and assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabili | ty company here: |
| The new name must be distinguishable and contain the words "Limited Liability | y 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) | American Information Technologies 7300 No Federal Highway #207 Baca Raton, FL 33487 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | American Information Technologies 1300 N. Federal Highway #200 Basca Raton, FL 33487 |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: | ce address on our records, enter the name of the new |
| Name of New Registered Agent: | 7 |
| 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

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| ective date, if other than the date of filing: | (option#) |
| n effective date is listed, the date must be specific and cannot be prior to date of filinite: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records. | ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(by filing requirements, this date will not be listed as the |
| record specifies a delayed effective date, but not an effective filter. Suly 23 of 2017 ted $6/23/17$ | tive time, at 12:01 a.m. on the earlier of: |
| ted $6/23/17$ | |
| 11 | entative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00