217000067110

(Requestor's I	Name)
(Address)	
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PICK-UP WA	AIT MAIL
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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

	TECHNOLOGIES LLC		ć	
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	FABIO RINCON			
	Name of Person			
	RINCON TECHNOLOGI	ES LLC		
		Firm/Company	.	
	4514 HOLLYWOOD BL	VD.		
	Address HOLLYWOOD, FL 33021			
	City/State and Zip Code			
	JIMENEZACCOUNTING	-		
	E-mail address: (to be used for future annual report no	tification)	
For further information c	concerning this matter, please c	all:		
FABIO RINCON		954 251-2065		
Name o	of Person	at () Area Code Daytin	me Telephone Number	
Enclosed is a check for the	he 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 Addres		Street Address:		
Registration ! Division of C		Registration Se Division of Co		
P.O. Box 632		The Centre of		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A	MENDMENT
TO ARTICLES OF OR OF	
RINCON TECHNOLOGIES LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	rere filed on 03/24/2017 and assigned
lorida document number L17000067110	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L.L.C" or the abbreviation "L.LC."
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) 3. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	пром
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete parcept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

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	JULIO C. RINCON	4514 HOLLYWOOD BLVD	
		HOLLYWOOD, FLORIDA 33021	≣Remove
			□ Change
			□Add
			□Remove
			□Change
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an effi (ote:	the date, if other than the date of filing: (optional) etive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
record is fil	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ted.
ated	DECEMBER 9TH 2019
	(1 () · () · ()
	Jaloro Kinlon
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00