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# **COVER LETTER**

TO:	Registration S Division of Co			
	INTELLE	CH, LLC		
SUBJI	ЕСТ:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		JOSEPH ASSAD		
		<del></del>	Name of Person	
		INTELTECH, LLC		
			Firm/Company	
		137 S COURTENAY PAR	KWAY NO. 808	
		<del></del>	Address	-
		MERRITT ISLAND, FL 3	2952	
		JOSEPH@GOINTELTECH	City/State and Zip Code LCOM	
		E-mail address: (	to be used for future annual report not	ification)
		oncerning this matter, please c	all:	
JOSEP	H ASSAD		407 745-1451	
	Name o	f Person	at () Area Code Daytim	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>■ \$2</b> :	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahamas El 20214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTELTECH, 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  $\frac{03/28/2017}{1}$ and assigned Florida document number 1.17000073738 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

### 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 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
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			□Remove
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(If an ef Note:	ive date, if other than the date of filing:
ne red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	January 4, 2024.
	Signature of a member or authorized representative of a member
	Joseph Ass AD  Typed or printed name of signee
	105666 + 7566 + 7566 + 7566 + 7666