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COVER LETTER

TECH SERVICE ENPERTS, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ZACHARY LOGAN THOMAS isame of Person Firm Company 3709 SAN PABLO ROAD S - APT 1903 Address JACKSONVILLE, FL 32224 City-State and Zip Code ZACH6/TECHSERVICEEXPERTS, COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ZACHARY LOGAN FHOMAS Final Company 3709 SAN PABLO ROAD S - APT 1903 Address JACKSONVILLE, FL 32224 City-State and Zip Code ZACH6/TECHSERVICEEXPERTS.COM E-mail address: (to be used for future annual report notification)	
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E-mail address: (to be used for future annual report notification)	
Firm Company 3709 SAN PABLO ROAD 8 - APT 1903 Address JACKSONVILLE, FL 32224 City State and Zip Code ZACH@TECHSERVICEEXPERTS.COM L-mail address: (to be used for future annual report notification)	
Firm Company 3709 SAN PABLO ROAD 8 - APT 1903 Address JACKSONVILLE, FL 32224 City State and Zip Code ZACH@TECHSERVICEEXPERTS.COM E-mail address: (to be used for future annual report notification)	
Address JACKSONVILLE, FL 32224 City/State and Zip Code ZACH@TECHSERVICEEXPERTS.COM E-mail address: (to be used for future annual report notification)	
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City State and Zip Code ZACH@TECHSERVICEEXPERTS.COM L-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
ZACHTHOMAS 803 984-4226	
Name of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy radditional copy is enclosed Certified Copy radditional copy is enclosed.	itus &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2664 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	i <mark>ted Liability Compa</mark> (A Florida Limited I	i <mark>ny as it now appears on</mark> Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number		were filed on	2017 and assign	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if appli	cable	3709 SAN PABLO	ROAD SOUTH	
(Principal office address MUST BE A STREA		APT 1903		
Trincipal office address of over Diff. Office		JACKSONVILLE,	F1, 32224	
Enter new mailing address, if applicable:		3709 SAN PABLO	ROAD SOUTH	
(Mailing address MAY BE A POST OFFICE BOX)		APT 1903		
mining amoves my many the control of the control	<u> </u>	JACKSONVILLE.	F1. 32224	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>.c</u> :	nr records, <u>enter the name of</u>	
New Registered Office Address:	3709 SAN PAI	BLO ROAD SOUTH -	APT 1903 5 4	
	Enter Florida street JACKSONVILLE		Street address 32224	
		Cuv	XInCode .	

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. Thereby 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
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