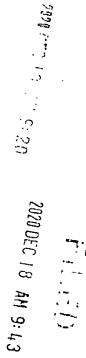
## 111000087210

| (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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|   |
|   |
| Office Use Only                         |



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12/18/20--01003--002 \*\*55.00



(C) (C)

## **COVER LETTER**

| TO: Registration Section Division of Corporations   |
|---|
| SUBJECT: Traxxus Technology LLC Name of Limited Libility Company  |
| The enclosed Articles of Amendment and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter to the following:   |
| Michael Nwachukwa<br>Name of Person   |
| Firm/Company  |
| 11450 NE Hwy 315  |
| Fort Mclay FL 32134   |
| E-mail address: (td be tised for thur annual report notification)   |
| For further information concerning this matter, please call:  |
| Michael Nwachukuw at (248) 305-9008  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:   |
| ☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$555.00 Filing Fee & Certificate of Status ☐ \$60.00 Filing Fee, Certificate of Status & Certificate of Stat |
|   |

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

|   | City                                 | Zip Code                       |
|---|--------------------------------------|--------------------------------|
| Liner i wri   |                                      | orida                          |
| New Registered Office Address:  | Enter Florida street addres          | 7.                             |
| Name of New Registered Agent:   |                                      |                                |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | uddress on our records, <u>enter</u> | the name of the new registered |
|   |                                      |                                |
| (Mailing address MAY BE A POST OFFICE BOX)  | Fort McCay, if                       | - 32134                        |
| Enter new mailing address, if applicable:   | 11450 NE Hum                         | 315                            |
| (Principal office address MUST BE A STREET ADDRESS)   |                                      |                                |
| Enter new principal offices address, if applicable:   |                                      |                                |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC   | " or the abbreviation "J.C."   |
| Q NT ( )10  |                                      | ب 'س'                          |
| A. If amending name, enter the new name of the limited liabi  | lity company here:                   | 星江                             |
| This amendment is submitted to amend the following:   |                                      | 0 2                            |
| Florida document number <u>L 1700087210</u> .   |                                      | 929 DEC                        |
| The Articles of Organization for this Limited Liability Company   | were filed on                        | and signed                     |
| (777 Ional Emilion E  | muonity Company)                     |                                |

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> | Name | Address | Type of Action                           |
|--------------|------|---------|--|
|              |      |         | □Add                                     |
|              |      |         | □Remove                                  |
|              |      |         | Change                                   |
|              |      |         | □Add                                     |
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|              |      |         | Cic hange                                |
|              |      |         |  |
|              |      |         | —————————————————————————————————————    |
|              |      | ·       | □Change                                  |
|              | West |         | □Add                                     |
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|              |      |         | □Change                                  |
|              |      |         | □Add                                     |
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|              |      |         | □Change                                  |
| <del></del>  |      |         |  |
|              |      |         | □Remove                                  |
|              |      |         | □ Change                                 |

| Effective date, if other than the date of filing:  (Optional)  If an effective date, if other than the date of filing:  (If the 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 605.0207.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rid is filed.  Dated 12/18/2020  Many Signature of a member of authorized representative of a member autho |  |  |                  |
|--|--|--|------------------|
| Effective date, if other than the date of filing:  |  |  |                  |
| Effective date, if other than the date of filing:  |  | <u> </u>                               |                  |
| Effective date, if other than the date of filing:  |  |  | <del></del>      |
| ffective date, if other than the date of filing:   |  |  |                  |
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| ffective date, if other than the date of filing:   |  |  |                  |
| ffective date, if other than the date of filing:   |  |  |                  |
| ffective date, if other than the date of filing:   |  |  | - 21             |
| ffective date, if other than the date of filing:    (optional)   |  |  |                  |
| ffective date, if other than the date of filing:  an effective 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 605.0207 store: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed.  Dated 12/18/2020  Manual Manual Manual Manual Manual Signature of a member.  |  |  |                  |
| ffective date, if other than the date of filing:   |  |  |                  |
| ffective date, if other than the date of filing:  an effective 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 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records.  The equirements and the earlier of:  The 90th day after the distinged and the earlier of:  The 90th day after the distinged and the earlier of:  The 90th day after the distinged and the earlier of the earlie |  |  | ب .<br>بسر       |
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| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.  Dated   | Note: If the date inserted in this block does not meet the applicable statutor | ry filing requirements, this date will | not be listed as |
| Onted 12/18/2020  Signature of a member of authorized representative of a member   | ocument's effective date on the Department of State's records.                 |  |                  |
| Onted 12/18/2020  Mail of a member of a member of a member   |  | l a.m. on the earlier of: (b) The 90t  | h day after the  |
| Signature of a member or authorized representative of a member   | g is fried.  |  |                  |
| Signature of a member of authorized representative of a member   | Dated $\frac{12/18/2020}{}$ .  |  |                  |
| Signature of a member or authorized representative of a member   | 111-1-1-11   |  |                  |
|  | Signature of a member or authorized represe                                    | entative of a member                   | <del></del>      |