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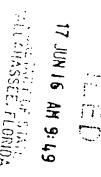
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COVER LETTER

TO: Registration 5 Division of Co			
NSTECH CHRICCE.			
SUBJECT:	Name of Lir	nited Liability Company	
75 1 1 6	e	N. 16 - 20	
	(Amendment and fee(s) are suf	_	
Please return all corresp	ondence concerning this matter	to the following:	
	ANNA MANUKYAN		
		Name of Person	
	LEGALING CORPORAT	E SERVICES INC.	
		Firm/Company	
	5850 GRANITE PKWY 8	SUITE 215	
		Address	
	PLANO, TX 75024		
		City/State and Zip Code	
	nsscomputing@gmail.com h-mail address:	to be used for future annual report noti-	fication)
For further information	concerning this matter, please c		
ANNA MANUKYAN		844 286-0178	
	of Person	at () Area Code Daytime	T. Jackson Street
Name	or reison	Area Code Dayana	e Telephone (Sumber
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Regis	JNG ADDRESS: tration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n

P.O. Box 6327

Tallahassee, F1, 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NSTECHI LLC		
(Name of the Limited (A	l Liability Company as it now appears on our records. A Florida Limited Liability Company)	1,1
The Articles of Organization for this Limited Liab	bility Company were filed on 05/19/2017	and assigned
Florida document number 1.17000111873		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		7 J
Enter new mailing address, if applicable:		N N
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	SSS
		MS 2 [T]
		6 . .
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records,	enter the name of the nev
registered agent and/or the new registered orne	ce address here.	→
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flax	rida
	Title	ZwCml

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

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
AMBR	Kishan Shivsawak	4760 NW 10th Ct Apt. 102	⊟ Add
		Plantation, FL 33313	□ Remove
			☐ Change
		-	□ Remove
			C'hange
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			FLORIDA PROPERTY OF THE PROPERTY OF THE PROPE
			☐ Change
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			Remove
			Change
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D. If amending any other informa		212777776277444	miconal smeets, ly need		
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. Effective date, if other than the (It'an effective date is listed, the date mus Note: If the date inserted in this blackment's effective date on the December 1.	t be specific and cannot be pri ock does not meet the app	licable statutory fil	(option more than 90 days after thing requirements, this	nal) ^{,55} filing.) Pursuant to	605 0207 (3)c
the record specifies a delayed b) The 90th day after the rec	effective date, but rord is filed.	not an effective	e time, at 12:01 a	.m. on the ea	rlier of:
Dated June 12	. 2017				
Navin Shivs	awak Signature of a member or au				
	Signalure of a member or au	thorized representati	ve of a member		
Navin Shivsawak		nted name of signee			

Page 3 of 3

Filing Fee: \$25.00