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SECRETARY OF STATE
TALLAHASSEF

COVER LETTER

TO:	Registration Division of						
SUBJE	CT:	Tag	Techons LLC	· ·			
		 J	Tech Ups, LLC Name of Lin	mited Liability Company			
The end	closed Articles	of Ame	ndment and fee(s) are su	bmitted for filing.			
Please	return all corre	sponder	ce concerning this matte	r to the following:			
		_	R	Obert Formeck Name of Person			
		_	The	Auxiliay Gro Firm/Company	υρ	2021 JU SECRE	T
		-	175	Bonum Rd		TARY AHR	_
		_		Address Wylve, SC City/State and Zip Co		2021 JUL 15 PH 3: 12 SECRETARY OF STATE SECRETARY OF STATE	C
				eck @ tag. 9er	O ual report notification) -	
For furt	her informatio	n conce	ning this matter, please	call:			
	Rok Nan	PC+ F	ormeck	at (803) Area Code	831 - 9390 Daytime Telepl	hone Number	
Enclose	d is a check fo	or the fol	lowing amount:				
□ \$2.5	5.00 Filing Fee	් ර	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is		3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Add Registratio Division of P.O. Box 6 Tallahasse	n Secti f Corpo 327	prations	Regis Divis The C 2415	Address: stration Section ion of Corporati Centre of Tallaha N. Monroe Stree hassee, FL 3230	assee et, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	10ps, LL	<u> </u>		
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now appears o iability Company)	on our records.)	
The Articles of Organization for this Limited Lial	bility Company	were filed on	6/30/2017	and assigned
Florida document number <u>L17000147232</u>	<u>-</u>		, ,	•
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabí	lity company here	; :	
TAG Aero LLC The new name must be distinguishable and contain the wor				
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ity Company," the desi	gnation "LLC" or the	v2
Enter new principal offices address, if applicab	ole:	660 Gard	lew Commerce	that Foray
(Principal office address MUST BE A STREET	ADDRESS)	Winter Gai	den, FL 3	HT8 F
				五方 5
				SSE PH
Enter new mailing address, if applicable:		175 BONG	im Road	ည်လို ကိ
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>	Lake wylve	, SC 2971	6 12
				•
B. If amending the registered agent and/or reg	gistered office a	ddress on our rec	ords, <u>enter the n</u>	ame of the new registers
agent and/or the new registered office address				
	ο.	.		
Name of New Registered Agent:	<u>Koger</u> 1	<u>brochu</u>		
New Registered Office Address:	660 G	arden Commur		
		Enter Florida	i street address 1	_
	Winter	Garden	, Florida	34787
		Ciţ		Zip Code

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>	Address	Type of Action
AMBR	Robert Formeck	175 Bown Road Lake Wylve, SC	: A Add
			□Remove
			Change
			□Add
		3ECRE1	Remove
	<u> </u>	ARY OF STA	Remove Change Change Remove Remove
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