## L17000231505

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## **COVER LETTER**

	egistration Sectivision of Corp			
CUDIECT	TECH II LI			
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspor	ndence concerning this matter	to the following:	
		Paula I, Martinez		
			Name of Person	
		Tech 11, LLC		
			Firm/Company	
		360 NE 75 Street, #121		
			Address	
		Miami, FL 33138		
		info@tech11usa.com	City/State and Zip Code	
			to be used for future annual report notif	lication)
For further	information co	oncerning this matter, please co	all:	
Ru	we wa	Anet	at ( २८८० ) 2 ( 🗢 - ( Area Code Daytime	<u> </u>
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is	s a check for the	e following amount:		
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Address egistration S		Street Address: Registration Sec	ction

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

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

Tech 11 LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company florida document number 1.17000231505	y were filed on Nov. 8, 2017	aı	nd assi	gned
This amendment is submitted to amend the following:				
If amending name, enter the new name of the limited lial	bility company here:			
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviat	ion "L.l	C.''
nter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS)		<u> </u>	20	
		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	<u>~</u>	~ <b>n</b>
		1,1	2	;
nter new mailing address, if applicable:			751:0	; :T1
Mailing address MAY BE A POST OFFICE BOX)	,	Д <u>у.</u>	-2%	
		82		
		<del>-                                    </del>	Û	
If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the	name of th	ie new	registo
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address		_	
	, Florida	9		
<del></del>	City	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 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
MGR	Michael Romano	1511 NW 113 Way	□Add
		Pembroke Pines, FL 33026	<b>≡</b> Remove
			Change
			□Add
			Remove
			Change
			\ \_Add
			Remove
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			□Add
			Remove
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Effective date, if other than the date of filing if an effective date is listed, the date must be specific and	3:		(optional)	
<b>Note:</b> If the date inserted in this block does not m	neet the applicable	statutory filing requires	nents, this date will not b	to 605,0207 be listed as 1
document's effective date on the Department of S	tate's records.			
e record specifies a delayed effective date, but not rd is filed.	an effective time, a	at 12:01 a.m. on the ear	lier of: (b) The 90th da	y after the
Dated December 23	2019			
,				
	<del></del>	~		

Filing Fee: \$25.00

Typed or printed name of signee