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D. BRUCE SEP 16 2020

## **COVER LETTER**

Division of Co						
	SHEEP INTERNATIONAL L	LC				
SUBJECT:	Name of Lin	nited Liability Company	<del></del>			
The enclosed Articles o	f Amendment and fee(s) are sub	bmitted for tiling.				
	ondence concerning this matter	-				
	STOLOWITZ, MARC D					
		Name of Person				
	SHABBY SHEEP INTER	NATIONAL LLC				
		Firm/Company				
	1521 Alton Rd #561					
		Address				
	Miami Beach, FL 33139			(n .rm	20	
		City/State and Zip Code		AL.	20	
	stolowim@gmail.com			LAS:	F	
		to be used for future annual report notification	)	50	27	
For further information	concerning this matter, please of	rall:			2	
Marc Stolowitz		412 496-4295			2020 JUL 27 AM 8: I	į
Name	of Person		hone Number	7:1	ŧ.	
Enclosed is a check for t	the following amount:					
Marc Stolowitz    Marc Stolowitz						
<u>Mailing Addre</u> Registration		Street Address: Registration Section				
Division of C		Division of Corporati	ions			

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

SHABBY SHEEP INTERNATIONA	IL LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L18000000065	bility Company were filed on 01/02/2018	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
EKD Technologies LLC		N
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abhraviation "BC."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x</u> 1	
B. If amending the registered agent and/or reg agent and/or the new registered office address	tistered office address on our records, <u>enter the</u> <u>here</u> :	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
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		<del></del>	□Remove
			Change
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		07/20/	2020				
Effective date, if other than fan effective date is listed, the date	must be specifi-	ning; e and cannot be	prior to date o	f filing or more	than 90 days after	ional) er filing.) Pursuant	to 605.00
Note: If the date inserted in thi document's effective date on the	s block does r	not meet the a	pplicable sta	tutory filing r	equirements, th	is date will not b	e listed
document serieenve date on th	съершинен	Of State Siec	OIGS,				
e record specifies a delayed effe	ctive date, but	i not an effect	ive time, at 1	2:01 a.m. on	the earlier of: (	b) The 90th da	y after ti
rd is filed.					·		•
July 7th		2020					
Dated		· · · · · · · · · · · · · · · · · · ·		/ /			

Filing Fee: \$25.00

Typed or printed name of signee