L18000015753

| (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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SECREDARY OF STAIL

COVER LETTER

TO:

Tallahassee, FL 32314

| | Registration Se Division of Cor | | | | | | |
|---|------------------------------------|--|---|---|--|--|--|
| SUBJEC' | Multi-Tek | LLC | | | | | |
| SUBJEC | 1: | Name of Limited Liability Company | | | | | |
| | | | | | | | |
| The enclo | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please ret | urn all correspo | ondence concerning this matter | to the following: | | | | |
| | | Susan Jewell | | | | | |
| | | | Name of Person | | | | |
| | | Wedge Associates LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 12180 South Shore Blvd | Suite 101A | | | | |
| Address | | | | | | | |
| | | Wellington, FL 33414 | | | | | |
| | | admin@wedgeassociates.co | City/State and Zip Code | | | | |
| | | | to be used for future annual report n | otification) | | | |
| For furthe | r information c | oncerning this matter, please c | all: | | | | |
| Susan Jev | vell | | 561 227-1555 | | | | |
| Name of Person | | f Person | at () Area Code Dayt | ime Telephone Number | | | |
| Enclosed i | is a check for th | ne following amount: | | | | | |
| ■ \$25.0 | 0 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| | Mailing Addres | | Street Address: | instin | | | |
| Registration Section Division of Corporations P.O. Box 6327 | | | Registration S Division of C | orporations | | | |
| | | | The Centre of Tallahassee | | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Multi-Tek LLC

2021 SEP 15 PM 10: 11

SECRETARY OF STANGE (Name of the Limited Liability Company as it now appears on oute records: (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Co. | mpany were filed on 01.17.2018 | and assigned |
|--|---|-------------------------------|
| Florida document number 1.18000015753 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here; | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | 7- |
| | | |
| - | | |
| Enter new mailing address, if applicable: | *** | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of | office address on our records, <u>enter t</u> | the name of the new registere |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flo | rida |
| | 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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------------|-------------------------------------|----------------|
| MGR | Jorge Ahmed Perez | 12180 South Shore Blvd., Suite 101A | = Add |
| | | Wellington, FL 33414 | □Remove |
| | | | □Change |
| MGR | Francis Bryan Velasquez | 12180 South Shore Blvd., Suite 101A | |
| | | Wellington, FL 33414 | □Remove |
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| °an effect <mark>√ote:</mark> If | e date, if other tive date is listed, i the date insertent's effective dat | the date must be s d in this block d | pecific and can loes not meet | the applicable | ate of filing or n | iore than 90 day | (optional) s after filing.) P s, this date wi | ursuant to 605.020 ill not be listed a |
| record s | specifies a delay I. | ed effective date | e, but not an e | ffective time, | at 12:01 a.m. | on the earlier | of: (b) The S | 90th day after the |
| | September 14 | | 20 | 021 | | | | |
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| ated | - 5 | Signa | iture of a memb | per or authorize | d representative | of a member | | |

Filing Fee: \$25.00