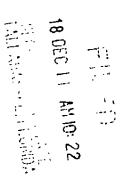
L/8000037019

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
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Certified Copies Certificates of Status
Certified copies
Special Instructions to Filing Officer:

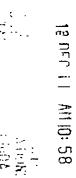
Office Use Only



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K. SALY
DEC 1:: 2018



1000 Ponce de Leon Blvd. Suite: 105 Coral Gables, FL 33134 Phone: 305-444-4994

Email: filing@ecfsfiling.com

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CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

(CORPORATE N	Technologies, LCC	DOCUMENT #}
2. (CORPORATE N.	AME) (I	DOCUMENT #)
3. (CORPORATE NA	AME) (I	DOCUMENT#)
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Walk-In New Filings	Pick up time: Certified Copy	Certificate Of Status
New Filings	Pick up time: Certified Copy Amendments	Other Filings
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New Filings Profit	Amendments	Other Filings Annual Report
New Filings Profit Non-Profit	Amendments Amendments Resignation	Other Filings Annual Report Fictitious Name
	Amendments Amendments	Other Filings

Examiners Initials

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FFA TECHNOLOGIES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on	02/13/2018 and assigned
Florida document number L18000037019	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," th	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered office address of office address here:	on our records, enter the name of the new
Name of New Registered Agent:	ANGEL ERNESTO HERNANI	DEZ AGUIRRE
New Registered Office Address:	3309 GRANADA BLVD	
	Enter F	orida street address
	CORAL GABLES	, Florida ³³¹³⁴
	Cin	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>	<u>Address</u>	Type of Action
AMBR	FERNANDO JOSE VERA FERNANDEZ	3309 GRANADA BLVD	
		CORAL GABLES, FL 33134	
			■ Remove
			Change
AMBR	FRANCISCO A. GAMEZ ARCAYA	3309 GRANADA BLVD	□ Add
		CORAL GABLES, FL 33134	
			■ Remove
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ffective date, if other than an effective date is listed, the date sote: If the date inserted in the ocument's effective date on the	s block does no	ot meet the applic	cable statutory fil			nt to 605.0207 be listed as
e record specifies a dela The 90th day after the	yed effective record is file	e date, but no ed.	ot an effective	e time, at 12:01	a.m. on the	earlier of:
ated	- -	2018	<u>.</u> .			
<u> </u>	Fo luc Signature of	a member or author	orized representati	ve of a member		
			•			

Page 3 of 3

Filing Fee: \$25.00