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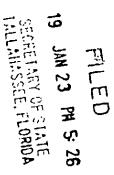
(Requestor's Name)	
(Ac	idress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Document Number)	
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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O SIMMONS

COVER LETTER

Div	ision of Corp	porations		
SUBJECT:		N TECHNICAL SOLUTION	S	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		NSENGA RIBEIRO-AND	DERSON	
			Name of Person	
		ANDERSON TECHNICA	AL SOLUTIONS	
			Firm/Company	
		6422 BRIDGECREST D	R	
			Address	
		LITHIA, FL 33547		
			City/State and Zip Code	
		nra@ats04.com		
		E-mail address: (to be used for future annual report notific	cation)
For further i	nformation co	oncerning this matter, please ca	all:	
MICHAEL .	ANDERSON	1	314 363-6205	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$ 25.00 I			□\$55.00 Filing Fee &	□ \$60.00 Filing Fee,
L 3 23.00 (ining rec	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appears of A Florida Limited Liability Company)	n our records.)
	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia	ability Company were filed on FEBF	RUARY 20, 2018 and assigned
Florida document number L18000044908	·	
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here	;
	√/A	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	75 TO
Principal office address MUST BE A STREE	T ADDRESS)	<u> </u>
		1 N E
		SEE OF THE PROPERTY OF THE PRO
Enter new mailing address, if applicable:		Tion in
Mailing address MAY BE A POST OFFICE I	BOX)	2 2 2 1 E
		
B. If amending the registered agent and/o	or registered office address on o	our records, enter the name of the
registered agent and/or the new registered of	fice address here:	
Name of New Registered Agent:	NSENGA RIBEIRO-ANDERSON	
New Registered Office Address:	11/2	
New Registered Office Address.	Enter Florida	a street address
		, Florida
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	NSENGA RIBEIRO-ANDERSON	6422 BRIDGECREST DR. LITHM, FL 33	547 ■ Add
			□ Remove
			Change
			_ 👼 🗆 Remove
		S. S	A Cominge
			Charge E Add
			Change
			Add
		 	Remove
			□ Change
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			☐ Remove
			Change

	nter change(s) here: (Attach additional sheets, if necessary.)
	-10 5
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	5.
	10 P
	cific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 es not meet the applicable statutory filing requirements, this date will not be listed as
the record specifies a delayed effec The 90th day after the record is	ctive date, but not an effective time, at 12:01 a.m. on the earlier of filed.
Dated January 10	. 20/9. June of a member or authorized representative of a member
Millouf A	ire of a member or authorized representative of a member
Michael	Anderson Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00