118000077985

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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J. HORNE
APR 2.7 2024

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COVER LETTER

TO: Registration Se Division of Con			
SUBJECT: Tampa Tec	chies LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Walter Whitten		
		Name of Person	
	Tampa Techies LLC		
		Firm/Company	
	5715 Sea Trout Pl		
		Address	
	Apollo Beach Florida 335	72	
		City/State and Zip Code	
	wwhitten@tampatechies.co	om to be used for future annual report noti	Garrian
For further information of	concerning this matter, please c	•	neacony
Walter Whitten		at (813) 2830711	
Name o	of Person		c Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 6327		The Centre of T	allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tampa Techies LLC

OF

2024 APR 15

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

(A Florida Limited Liability Company)

(A Florida Limited I.	Liability Company)	31.1.	
The Articles of Organization for this Limited Liability Company	were filed on March 2	7th 2018 and as	signed
Florida document number L18000077985			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
Jungle Technologies LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	tion "LLC" or the abbreviation "I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our record	s, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:			
		_	
New Registered Office Address:	Enter Florida str	eet address	
		Y21 * 4	
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agrous provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my d provided for in Chapt	uties, and I am familiar wi er 605, F.S. Or, if this doc	ith and ument is

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
			□Add
			□Remove
			□Change
			□ Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change

Effective date, if other than the date of filling: [If an effective date, if other than the date of filling: [If an effective date is listed, the dag must be specific and cannot be prior to date of filling or more than 90 days after filling.) Parsuam so 605.0207 (Note: If the date inserted in hits block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The eccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ord is filled. Dated April 5th Signature of a member or authorized representative of a member Walter Whitten		
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	Date	April 5th $\frac{2024}{m M}$
		Signature of a member or authorized representative of a member
Walter Whitten		Signature of a member of authorized representative of a member
		Walter Whitten

EU D 0350