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| LISCCC | 118678 |
| (Requestor's Name) (Address) (Address) | 06./17/1301010020 **25.00 |
| (City/State/Zip/Phone #) | |
| | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | 2019 |
| Special Instructions to Filing Officer: | AH 5: 49 |
| Office Use Only | Amind Name chs |

JUN 2 6 2019

COVER LETTER

TO: Registration Section Division of Corporations

CennTech_LLC Name of Limited Liability Company SUBJECT:

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

at (<u>991</u>) <u>100-7952</u> Area Code Davtime Telephone Number

Enclosed is a check for the following amount:



□ \$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)

MAILING ADDRESS: 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 A | AMENDMENT |
|---|---|
| T |) |
| ARTICLES OF O | RGANIZATION |
| 0) | |
| | were filed on $5-11-18$ and assigned |
| The Articles of Organization for this Limited Liability Company | were filed on $5-1-18$ and assigned |
| Florida document number <u>LI8000118678</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| CennTech LLC The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | 1800 2nd Street ste 893 |
| | Sanasota, 76 31236 |
| Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> | PO Box 5764 Szrzsotz, 71 34277 |
| | - <u>-</u> · · · · |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered office address here</u>:

| Name of New Registered Agent: | | |
|--------------------------------|-----------------|------------------------|
| New Registered Office Address: | 1800 2nd Street | |
| | | |
| | S3rarotz | , Florida <u>37239</u> |
| | 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

¹ If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being ad-<u>or semoved from our records</u>:

MGR = Manager AMBR = Authorized Member

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| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1 <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

| Dated | 6/10/19 | |
|-------|--|--|
| | A | |
| | Signature of a member or authorized representative of a member | |
| | Forcest J. Harris Typed or printed name of signee | |

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Page 3 of 3

Filing Fee: \$25.00