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## **COVER LETTER**

Division of Cor	porations		
Educating '	Technologies LLC.		
SUBJECT:	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:	
	Andrea Green		
		Name of Person	
	Educating Technologies L	LC	
	<del></del>	Firm/Company	<del></del>
	11481 SW 204 STREET		
	<del>-                                    </del>	Address	
	MIAMI, FL. 33189		
	<del></del>	City/State and Zip Code	
	andreagreenemail@gmail.c		<del></del>
		to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	
Andrea Green		305 761-8890	
Name o	f Person	at ()	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

Educating Technologies LLC.		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa	iny were filed on May 14 2018	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Project Technical LLC.		
The new name must be distinguishable and contain the words "Limited Li	ability 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)		.,
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<u>-</u>	
	6° 11	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		iter the name of the nev
		المد المد
Name of New Registered Agent:		TA J
		35: \$ 7
New Registered Office Address:	Enter Florida street address	
		2 m
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N D	•	5 5
New Registered Agent's Signature, if changing Registered Age	<u>ac</u>	•

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			☐ Change
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Effective date	, if other than	the date of fi e must be specific	ling:	nrior to date o	f filing or more th	optic	onal) filing ) Pursi	unt to 605 ()
Note: If the da	ite inserted in th	ris block does n	ot meet the a	ipplicable stat	utory filing req	uirements, this	date will n	ot be listed
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he record sp	ecifies a del	ayed effectiv	e date, bi	it not an ei	fective time	. at 12:01 a	ı.m. on th	ne earlier
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June 5tl	1	$\bigcap$	2018					
Dated	· \	<del></del>	_ ·	· ·				
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Page 3 of 3

Filing Fee: \$25.00