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JULIA E. STINE  
JULIA E. STINE

A. BUTLER

NOV 04 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations  
TECH GALS 123 LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ROSIE KORTABANI

\_\_\_\_\_  
Name of Person

TECH GALS 123

\_\_\_\_\_  
Firm/Company

867 TIVOLI CIRCLE UNIT 105

\_\_\_\_\_  
Address

DEERFIELD BEACH, FL 33441

\_\_\_\_\_  
City/State and Zip Code

TECHGALS123@GMAIL.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROSIE KORTABANI 954 857-7339

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TECH GALS 123 LLC

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

FILED

2021 OCT 22 PM 4:15

The Articles of Organization for this Limited Liability Company were filed on 06/26/2018  
Florida document number L18000156290

STATE  
and assigned

This amendment is submitted to amend the following:

**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," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

867 TIVOLI CIRCLE

UNIT 105

DEERFIELD BEACH, FL 33441

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

867 TIVOLI CIRCLE

UNIT 105

DEERFIELD BEACH, FL 33441

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

Name of New Registered Agent:

ROSIE KORTABANI

New Registered Office Address:

867 TIVOLI CIRCLE APT 105

*Enter Florida street address*

DEERFIELD BEACH

Florida

33441

*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

[illegible]

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

**Note:** 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.

Dated 10 / 18 / 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee