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COVER LETTER

	istration Sect sion of Corpo			
		echnology Solutions 3 LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return	all correspone	dence concerning this matter t	to the following:	
		Najceb W. Khan		
		Innovative Technology Sol	Name of Person	
		5470 NW 38 Terrace	Firm/Company	
			Address	
		Coconut Creek , FL. 33073		
		nkhan@itsolutions3.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report not	fication)
For further in	iformation coi	ncerning this matter, please ca	ill:	
Najeeb Khan	ı		954 696-4142 at ()	
Name of Person		Area Code Daytin	e Telephone Number	
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

ŤO:

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 Limi	ed Liability Compa (A Florida Limited	iny as it now appears of Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company were filed on 07/05/2018			2018	and assigned	
Torida document number L18000163444					
his amendment is submitted to amend the foll	owing:				
If amending name, enter the new name o	f the limited liab	ility company here	:		
N/A					
he new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the desig	nation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable: <u>Principal office address MUST BE A STREET ADDRESS)</u>		N/A			
				18 SE	
Enter new mailing address, if applicable:	N/A		P 20 AH		
<u>Mailing address MAY BE A POST OFFICE</u>			8: 55		
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			ur records, <u>enter</u>	the name of the	
	N/A				
New Registered Office Address:	18/73	Enter Florida	street address		
			. Florida		
		City	, Florida	Ziv 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>	<u>Name</u>	Address	Type of Action
AMBR	Christopher Toner	5470 NW 38 Terrace Coconut Creek , Fl. 33073	
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be a properties of the date inserted in this block does not meet the	applicable st			ling.) Pursuant to	
document's effective date on the Department of State's re	cords.				
ne record specifies a delayed effective date, b The 90th day after the record is filed.	ut not an e	effective time	e, at 12:01 a.	m. on the ea	rlier of
Dated 9/17 . 20	218_				
r	A AL	. n . N	,		

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Typed or printed name of signee

Filing Fee: \$25.00