

| (Re                     | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | e #)      |
|                         |                   | MAIL      |
| (Bu                     | siness Entity Nar | ne)       |
| (Do                     | ocument Number)   |           |
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SECRETARY OF STATE INVISION OF CORPORATION 18 SEP 11 AM 10: 24

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## **COVER LETTER**

T#: Registration Section Division of Corporations

lech SUBJECT: of Limited Liability Company

ssame of Limited Liabinty Compan

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:

FISCARD Friedman at (646) 246 9334 Area Code Davime Telephone Number

Enclosed is a check for the 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: 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

| ARTICL  | ES OF AMENDMENT                           |  |
|---|---|--|
| ARTICLE   | TO<br>S OF ORGANIZATION                   |  |
|   | OF  |  |
| TECH PLATH<br>(Name of the Limited Liabi<br>(A Florid   | HOUSE LLC                                 | ecords.)                               |
| The Articles of Organization for this Limited Liability (Florida document number $\underline{L}800020933$ | Company were filed on $08/31$             | 2018 and assigned                      |
| This amendment is submitted to amend the following:   |   |  |
| A. If amending name, <u>enter the new name of the lin</u>   | nited liability company here:             |  |
| The new name must be distinguishable and contain the words "Lif   | mited 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 ADD  | <u>RESS)</u>                              |  |
|   |   |  |
|   |   | ISECR                                  |
| Enter new mailing address, if applicable:   |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |  |
|   |   | AH IO: AN                              |
|   |   | N 1                                    |
| B. If amending the registered agent and/or regi<br>registered agent and/or the new registered office add  |   | ords, <u>enter the fame of the new</u> |
| Name of New Registered Agent:   |   |  |
| New Registered Office Address:  | Enter Florida street a                    | ddress                                 |
|   |   | . Florida                              |
|   | Cuy                                       | Zyp Code                               |
| New Registered Agent's Signature, if changing Registers   | ed 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, <u>enter the title, name, and address of each person</u> being added • <u>or removed from our records</u>:

## MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name             | Address                                   | Type of Action |
|--------------|------------------|---|----------------|
| MGR          | Giscard Friedman | 2423 SW 147th Ave<br>#626 m 19mi FL 33185 | ₽∕Add          |
|              |                  | #626 m 19mi FL 33185                      |                |
|              |                  |   | D Change       |
| AR           | Jean Renelus jr  | 1229 Dutch Broadue                        | <u>1□</u> ∧dd  |
|              |                  | Valley Stream NY<br>11580                 | Remove         |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

## 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 illing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <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 | 04/10/18<br>18 1 ct. 12-                                       |  |
|-------|--|--|
|       | Signature of a member or authorized representative of a member |  |
|       | Giscard Friedman   |  |
|       | Exped or printed name of signee                                |  |

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Filing Fee: \$25.00