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(Req	uestor's Name)	
(Addı	ress)	
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whichis no

COVER LETTER

Division of Co				
SUBJECT:	01 Technolog Name of Lim	led Liability Company		
			t	i se ing
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	7.	
Please return all corresp	ondence concerning this matter	to the following:	<u>1</u>	: ;71
	Keith	Name of Person	्र ————————————————————————————————————	J
		Firm/Company		
	3302 Sou	therland (t		
	Douglasu	Le GA 3013 City/State and Zip Code	5	
	Keith Ty E-mail address: (to be used for future annual report notific	all Solutions . con	M
For further information of	concerning this matter, please ca	all:		
Koith Name o	Tivy of Person	at (<u>404</u>) <u>946 -</u> Area Code Daytime	1782 Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1801 Ta	chnology Solution	75
(Name of the Limited	d Liability Company as it now appears on our re A Florida Limited Liability Company)	cords.)
The Articles of Organization for this Limited Lia Florida document number <u>L/8000</u> 22		7/2018 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	المينية الريا
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	برا ع
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B		
B. If amending the registered agent and/o registered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:	Thenneth Byn. 3709 Lake Woo	um
New Registered Office Address:	3709 Lake Wor	th Rd
	Enter Florida street ac	, Florida 33 46/

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

11 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR =	Manager		
	Authorized Member		

<u>Title</u>	Name	Address	Type of Action
MGR	Kenneth Bynum	3709 Lake Worth	1 Klo Add
	V	3709 Lake Worth Palm Springs, FL 3	344 □ Remove
			Change
			Add
			□ Remove
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tive date, if other than the date of filing:	(optional)	
fective date is listed, the date must be specific and cannot be prior to date of filing or m. If the date inserted in this block does not meet the applicable statutory filing		
nent's effective date on the Department of State's records.	P todanoment time time with my to in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
cord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earl	ier of
90th day after the record is filed.	·	
√¬ 1 1		
Henneth Byrun Signature of a member or authorized representative Kenneth Byrun Typed or printed name of signee		
1/2 11 10		
Floreth Byrum		
Signature of a member or authorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00