L18000244149

(Requestor's Name)				
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(Document Number)				
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2022 NOV 30 FR 9: 35

COVER LETTER

TO:

Registration Section

Division of C	orporations				
Toughtee	h LLC				
Name of Limited Liability Company					
	of Amendment and fee(s) are sub	-			
Please return all corres	pondence concerning this matter	to the following:			
	Dimitar Boyadjiev				
	Name of Person				
	Toughtech LLC				
Firm/Company					
	506 Hager Dr		2022		
		Address	一		
	Ococe FL, 34761		2022 NOV 30 Att 9: 35		
		City/State and Zip Code	1 - 17 13 - 17		
	mitkovb1@gmail.com		7667 O		
	E-mail address: (to be used for future annual report notif	ication)		
For further information	concerning this matter, please c	all:			
Dimitar Boyadjiev		321 287-3030 at ()			
Name of Person			· Telephone Number		
Enclosed is a check for	the following amount:				
■ \$25.00 Fiting 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 Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Toughtech LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10-17-2018 and assigned Florida document number L18000244149 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

Cin

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
MGR	Nataliya Slavova	506 Hager Dr, Ococe FL 34761	
			■Remove
			= Change
	<u></u>		
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Typed or printed name of signee