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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please ** Email Address:

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN VIRONAIKA LLC

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COVER LETTER

	Registration Se Division of Cor				
CHO IV	VIRONAII	KA LLC			
SUBJECT: Name of Limited Liability Company					
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	cturn all correspo	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		101 N Brand Blvd 11th Fl			
			Address		
		Glendale, CA 91203			
		···	City/State and Zip Code		
		harrison,waweru@gmail.co			
		E-mail address: (to be used for future annual report notif	ication)	
For furth	ner information c	oncerning this matter, please ca	all:		
Cheyen	ле Moseley		800 773-0888		
	Name o	f Person	at (e Telephone Number	
Enclosed	d is a check for th	ne 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)	
	Registe Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION or

VIRONAIKA LEC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our rec- bility Company)	grds.)
The Articles of Organization for this Limited Liability Company w Florida document number L18000262607	ere filed on 11/08/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabill	ty company here:	· 6
TechTang LLC		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		27
(Principal office address MUST BE A STREET ADDRESS)		- Property
Trincipal office address MOST BE A STREET ADDRESS		
		
		» OS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our reco	rds, enter the name of the ne
New Registered Office Address:		<u> </u>
	Enter Florida street ada	iress
	;	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete po accept the obligations of my position as registered agent as pro being filed to merely reflect a change in the registered office as	erformance of my duties, ovided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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	Praveen Jaiswal		Add
-		3508 W AMANDA CT SAINT JOHNS, FL 32259	■ Remove
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			C Remove
			D Add
			Remove
			🗆 Change
			Add
			Remove
			☐ Change

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Filing Fee: \$25.00