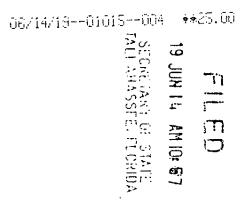
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JUN 2 7 2019 T SCHROEDER

COVER LETTER

Division of Corporations
SUBJECT: Microtech Data Support UC Name of Limited Liability Company 17
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Microtech Data Support
12 S Dixre Hwy Scite 2
Laule Worth, FC 3:3460 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Java Fustev at (5(1) 880 7283 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Status Solution Status Status Solution Status Status Status Solution Status S

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

NA.

- Microtech La	ta villort CCC				
(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 Comparing the Florida document number 1 \ \(\sum_{\infty}					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "ELC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	12 S. Ding Hwa Suk ?				
(Principal office address MUST BE A STREET ADDRESS)	12 S. Dime Hwy, Suite 2 Lake Worth, Fr 33460				
	e will the state of the state o				
Enter new mailing address, if applicable:	125. Dime Hwy, Suite 2				
(Mailing address MAY BE A POST OFFICE BOX)	125. Dime Hwy, Suite 2 Lake Worth, FL 33460				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new nere:				
Name of New Registered Agent:	Me Foster 55 6				
New Registered Office Address: \2 \S	Enter Florida street address				
law	City Florida 33 4 CITY State Of State O				
New Registered Agent's Signature, if changing Registered Age					

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>	<u>Address</u>	Type of Action
MOR	Jake Foster		
			□ Remove
		12 S Divie Hwy, Suite 2, Lave Worth, FC 33460	DKChange
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			☐ Remove
			☐ Change
			
			Remove SECULATION Change Change Change
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			Remove
			Change
			□ Remove
			Change

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	7 <u>8</u> 9 0	
	JUN 14 CHC JAR AH JSS	T)
<u> </u>		E)
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605. irements, this date will not be liste	.0207 (3 ed as th
the record specifies a delayed effective date, but not an effective time,) The 90th day after the record is filed.	at 12:01 a.m. on the earlie	er of:
Dated \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ember	
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00