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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJEC	Konture Te	echnology Services, LLC			
SUBJEC	-1: <u></u>	Name of itim	ited Liability Company		
		Amendment and fee(s) are sub	•		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Scott Crespo			
			Name of Person		
		Konture Technology Servi	ces., LLC		
			Firm/Company		
		1441 Dann St.			
			Address		
		Orlando, FL 32804			-
		scou@honure.io	City/State and Zip Code		2019
				<del> </del>	
			to be used for future annual report notificat	ion)	
For furth	ier information c	concerning this matter, please e	ail:		
Scott Cr	-		352 585-3242 at()		
	Name o	of Person		lephone Number	1:03
Enclosed	is a check for the	he following amount:			<i>.</i> .
\$25.	\$25.00 Filing Fee Solution Status See Sectificate of Status		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact the contact of	of States & opy
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporatio		

Clifton Building

2661 Executive Center Circle Tallahassee, Fl. 32301

Division of Corporations P.O. Box 6327 Tallahassec, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Konture Technology Services, LLC		
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.18000282475	were filed on December 7th, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "ELC" or the abbr	eviation "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 of registered agent and/or the new registered office address here		ne name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	PH :
	, Florida	, ω
	City	Tin Code

## 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

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
AMBR	Lynn Crespo	7361 High Corner Rd. Brooksville, FL 34602	Add
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		<del> </del>	Change
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			t an effective	e time, at 12:0	1 a.m. on the earlie	r
January 2nd		2019				
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Filing Fee: \$25.00