(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration S Division of Co			
NEXONE SUBJECT:	TECHNOLOGIES, LLC		
SUBJECT:	Name of Limited L	Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitte	d for filing.	
Please return all correspondent	ondence concerning this matter to the	following:	
	PEDRO A RIVERA		
	-	Name of Person	•
	RIVERA & ASSOCIATES		201
		Firm/Company	2019 JUN
	2752 MICHIGAN AVE UNIT 4		W 12
	KISSIMMEE, FL 34744	Address	
	privsep@yahoo.com	y/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be	used for future annual report notification)	
For further information of	concerning this matter, please call:		
PEDRO A RIVERA		407 350-2556 at ()	
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ Certificate of Status	(additional copy is enclosed) Certified	te of Status &
Regist Divisio P.O. B	LING ADDRESS: ration Section on of Corporations fox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

NEXONE TECHNOLOGIES, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C	lompany were filed on 12/20/2010	and assigned
Florida document number L19000000762		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. 2
(Principal office address MUST BE A STREET ADDI	RESS)	9
		- 12 A
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
maning datess MAT DEA FOST OFFICE BOAT		
B. If amending the registered agent and/or regis	I	enter the name of the nev
registered agent and/or the new registered office add	<u>reśs here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered agheing filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and gent as provided for in Chapter 605, F. ed office address, I hereby confirm that	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of a	New Registered Agent
	Page 1 of 3	

MGR = N	Лапа де г		
	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Orlando, FL 32825	
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			☐ Change
AMBR	REYES, OSCAR	4510 FICUS TREE RD	
			D Add
		KISSIMMEE, FL 34758	
			Remove
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Filing Fee: \$25.00