L19000000762

(R	equestor's Name)	-
(Ac	ddress)	
(Ac	ddress)	
(Cı	ty/State/Zip/Phone	2 #)
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC		rechnologies, llc		
0020		Name of Limi	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		PEDRO A RIVERA		
		RIVERA & ASSOCIATES	Name of Person	
			Firm/Company	
		2752 MICHIGAN AVE UNIT		
		KISSIMMEE, FL 34744	Address	
		privsep@yahoo.com	City/State and Zip Code	.
		E-mail address: (t	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ca	all:	
PEDRO	A RIVERA		407 350-2556 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	e following amount:		
■ \$25. 0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2019 JUN 13 PH 12: 16

NEXONE TECHNOLOGIES, LLC

SECKETARY OF STATE ALLAHASSEE, FLORID.

(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 12/26/2018	and assigned
Florida document number L19000000762		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	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 of registered agent and/or the new registered office address here	ffice address on our records,	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	, Flori	daZip Code
New Registered Agent's Signature, if changing Registered Agent:		sip dode
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.S.	I am familiar with and S. Or, if this document is

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 Title Name Address Type of Action 10427 Regent Square Dr. Limaris Rios **AMBR** _□ Add Orlando, FL 32825 ■ Remove _□ Change 4510 FICUS TREE RD AMBR Oscar Reges **■** Add KISSIMMEE, FL 34758 ☐ Remove _□ Change _□ Add Remove □ Change _ Add ☐ Remove ☐ Change _□ Add ☐ Remove _□ Change

	
	2019 JUN 13 PH 12: 16
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	ALLAHASSEE, FLORID
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If an effect Note: If	e date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
0€	6/11/2019
Dated	··
	Line Vin
	Signature of a member or authorized representative of a member
	OSCAR REYES
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00