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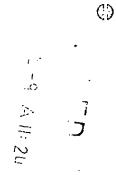
(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

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COVER LETTER

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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations HNOLOGY AND SERVICES		
CUD ICCT.		ited Liability Company	
	Amendment and fee(s) are sub		
	MAURICIO C DE CARV	ALHO	
	<u> </u>	Name of Person	
	ST IT TECHNOLOGY A	ND SERVICES LLC	
		Firm/Company	
	4300 BISCAYNE BLVD		
		Address	
	SUITE 203		45.
		City/State and Zip Code	Q)
	MIAMI, FL 33137	to be used for future annual report notification)	
For further information c	oncerning this matter, please of		
VICTOR H APONTE		786 853-0603	> 1
Name o	f Person	at ()	<u> </u>
Enclosed is a check for the	ne following amount:		·
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
Mailing Addres Registration 5		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ST IT TECHNOLOGY AND SER				
(Name of the Lim	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on 01/17/2019	and assign	ed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	pility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C.	
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
				()
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our records, enter the nan	ie of the new re	gistered
			į,	• -
Name of New Registered Agent:	N/A			<u> </u>
New Registered Office Address:	N/A		2	<u></u>
		Enter Florida street address	2	
		. Florida	·	٠.

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.

City

Zip Code

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
MGR	ANGELICA RAMOS ORTEGA	1912 Whitley Ave, Apt 303, Los Angeles, CA 90068	} ≘ Add
			□Remove
			Change
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
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fective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or other. If the date inserted in this block does not meet the applicable statutory filicument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	, on the earlier of: (b) The 90th day after the
ated July 2	
Signature of a member or authorized representative	e of a member