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Certified Copies	Certificates	s of Status
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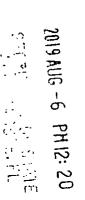




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## **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJE	EILD TEC			
SOBJE	CT:		uited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		LAURA ATKINSON		
		BOYER GINORI CPAS L	Name of Person	
		1645 PALM BEACH LAR	Firm/Company CES BLVD. STE 480	
		WEST PALM BEACH, FI	Address	
		EGINORI@BOYERGINO		
For furti	her information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notitall:	fication)
LAURA	A ATKINSON		561 323-6520 at ()	
-	Name o	f Person	Area Code Daytime	e Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr	ING ADDRESS: ation Section	STREET/COURI Registration Section Division of Corner	n

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EILD TECH LLC (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 \_\_02/19/2019 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SEILD TECH LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

## 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

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being adde-or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			Remove
			Change
			□ Add
			Remove
			Change
		Add	
			☐ Remove
			Change
			Add
			Remove
			Change

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	1 August 02 2019
	That I .
	Signature of a recurifier of authorized representative of a member
	James A Farias
	Typed or printed name of signee

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Filing Fee: \$25.00