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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Co	rporations		
SUBJECT:	ETM Tools			
SUBJECT,		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Benjamin J Szell		
			Name of Person	·
		ETM Tools LLC		
			Firm/Company	<del>-</del>
		1830 Vista Way		
			Address	· · · · · · · · · · · · · · · · · · ·
		Margate, FL 33063		Daytime Telephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)  dress: tion Section
			City/State and Zip Code	
		ben@etmtoolsllc.com		
			to be used for future annual report no	etification)
For further in	formation c	oncerning this matter, please c	all:	
Benjamin J S	zell		954 224-3945 at ( )	
_	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Reg	ling Address istration S ision of Co		Street Address: Registration So Division of Co	
	. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

ETM Tools 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 Comp	any were filed on 02/20/2019	and assigned
Florida document number L19000050628		39
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L1.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	<u> </u>
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
<u>-</u>	Enter Florida street address	
		rida
	City	Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Roberto C Contreras	2506 W Main, 5th Floor, Houston TX 77098	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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n effective date is liste ote: If the date inse	er than the date of fi d, the date must be specifie ted in this block does no late on the Department of	and cannot be prior of meet the applic	able statutory filing	(optional re than 90 days after filin requirements, this dat	g.) Pursuant to 605.0207
ecord specifies a del is filed.	ayed effective date, but	not an effective ti	me, at 12:01 a.m. oi	n the earlier of: (b) 1	he 90th day after the
June 25		2020	<u> </u>		
		Sill			
	//				
	Signature 6	member or author	prized representative of	f a member	