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COVER LETTER

Division of Corpo	orations		
SUBJECT:	ANlords Te	ch Services, L	LC_
	Name of Linu	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
	lence concerning this matter t		
r rease retain an extrespone	ionec concerning that matter	,	
	Richa	era Hearn	
		Name of Person	
	Lanlora	6 Tech Serv	ices LLC
	5401 Si	Kirkman Rd	Ste 310
		Address	<u> </u>
	1 1		
	Drlando,	City/State and Zip Code	
	lan ord C E-mail address: (i	be used for future annual report notif	Ser, Com
For further information cor	ncerning this matter, please ca	sil·	
Richard	Hearn	407, 270 -	- 7341 c Telephone Number
Name of I	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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 Fee, Certificate of Status & Certified Copy
Registrat	IG ADDRESS:	STREET/COURI Registration Section	n
Division of Corporations		Division of Corpor	ations

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ervices, LLC
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L199493112</u> .	were filed on 4/3/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	7
	()
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of th</u> :
Name of New Registered Agent;	Richard Hearn
New Registered Office Address:	Game Address Enter Florida street 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 wit 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 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

MGR = Manager AMBR = Authorized Member **Address Title** Type of A Mohamed Mostata 1023 Pahe BisCayne Way 10 Add Orlando, FZ 32824 ☐ Chan; MGR Richard Hearn 5401 S. Kirkman Rd Ste 310 Orlando, FL 32819 Remo □ Remo ☐ Chan □ Remo ☐ Change □ Add □ Remov □ Change □ Add □ Remov ☐ Change □ Add ☐ Remove ☐ Change

or removed from our records:

- vo amonating any other information, enter change(s) here. (Anden dauthonal sneeds, if necessary.)
1/2
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o (b) The 90th day after the record is filed.
Dated (2/13/19) Reich ma Waars
Signature of a member or antibrized representative of a member Lichard Heast

Page 3 of 3

Filing Fee: \$25.00