L19000110967

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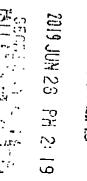
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COVER LETTER

-	ation Section of Corpora				
SUBJECT:	Teclo	dge Services Name of Lim	LLC ited Liability Company		· · · · · · · · · · · · · · · · · · ·
The enclosed Art	icles of Ame	endment and fee(s) are sub	mitted for filing.		
Please return all c	corresponde	nce concerning this matter	to the following:		
	-	ALEKAND	CARM Name of Person	AN	
	-		ge Serv Firm/Co upany		
·	-	1452 5	ABAC Address	us Au	EME
	-	Port St.	Address Lucite FL City/State and Zip Cod	349	53
	_	info @Tech E-mail address: (OLGE COM to be used for future annu-	e al report notificatio	n)
For further inform	nation conce	rning this matter, please ca			
ALexan	DER I	CARMAN	at (<u>772</u>)_	919-1	424
	Name of Per	son	Area Code	Daytime Tele	phone Number
Enclosed is a che	ck for the fo	llowing amount:			
\$25.00 Filing :	Fee [1 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registration	Corporations 327	Registr Divisio Clifton 2661 E	ET/COUR!ER A ration Section on of Corporations Building Executive Center Course, FL 32301	s

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECLOGGE Services	LLC
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) nability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL 9000110967	were filed on Apr.L 23, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	1452 SW ABACUS AVENUE Polt St. Lucit, FL 3490
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1452 SW ABACUS AVENUE PORT ST LUCIE, FL 34953
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Florida Zip Code E
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peeing filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document i.

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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

AMBR Alexander S CARMAN 1452 SWABACUS AVENUE DE Adde PORT ST. Lucit, FL 34953	nove
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Note:	ive date, if other than the date of filing:	optional) after filing.) Pursuant to 605.0 , this date will not be listed
	tord specifies a delayed effective date, but not an effective time, at 12:0 90th day after the record is filed.	01 a.m. on the earlie
Dated	Signature of a member or authorized representative of a member	
	all Ca	
	Signature of a member or authorized representative of a member #/exartice 5 Carriers Typed or printed name of signee	

Page 3 of 3

Filing Fec: \$25.00