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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Dusinger Entity Name) |
| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

Registration Section

TO:

| Division of Cor | porations | | , |
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| | e. | | |
| SUBJECT: MYCHEF | BAG LLC | • • | ÷ |
| | | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | | | |
| | VICTOR RECH | | |
| | | Name of Person | |
| | RECH ENTERPRISES | | |
| | | Firm/Company | |
| | 12015 FOREST PARK CI | T D | |
| | | Address | |
| | BRADENTON, FL 34211 | | |
| | | City/State and Zip Code | |
| | V@RE-TAXES.COM E-mail address: (| to be used for future annual report no | tification) |
| For further information of | oncerning this matter, please c | · | |
| Vieter Dach | | - (0.11 | |
| Victor Rech Name o | f Person | at (941) 9932343 Area Code Daytir | ne Telephone Number |
| | | 71100 0000 200,000 | ne reseptione (vanade) |
| Enclosed is a check for the | ne following amount: | | |
| ☐ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee. Certificate of Status & |
| | | (additional copy is enclosed) | Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addres | | Street Address: | |
| Registration S | | Registration Se | |
| Division of C P.O. Box 632 | - | Division of Co The Centre of | |
| Tallahassee, 1 | | | oe Street, Suite 810 |
| | | 7417/14 MININ | Je Direct, Juile 010 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Lit | nited Liability Comp | any as it now appears on our records | |
|---|----------------------|--|------------------------|
| , and or the Di | (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited | Liability Company | were filed on MAY 06, 2019 | and assigned |
| Florida document number <u>L19000122753</u> | | | |
| This amendment is submitted to amend the fo | ollowing: | | |
| A. If amending name, enter the new name | of the limited liab | oility company here: | |
| TANGIBLE TECH LLC | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company." the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if appl | licable: | 451 LOXLEY CT | |
| Principal office address MUST BE A STRE | EET ADDRESS) | TITUSVILLE, FL 32780 | |
| | | | |
| Enter new mailing address, if applicable: | | 12015 FOREST PARK CIR | |
| (Mailing address MAY BE A POST OFFICE BOX) | | BRADENTON FL 34211 | |
| | | | <u> </u> |
| | | | es. |
| B. If amending the registered agent and/or egent and/or the new registered office addi | registered office a | address on our records, <u>enter the na</u> | me of the new register |
| igent and of the new registered office addi | ess nere; | | 1 |
| | | | 1 |
| Name of New Registered Agent: | VICTOR RECI | 1 | |
| New Registered Office Address: | 12015 FOREST | FPARK CIR | <u>ئ</u> ب |
| | | Enter Florida street address | <u> </u> |
| | BRADENTON | Florida 3 | - 4211 |
| | · ··· | City | Zip Code |

New Registered Agent's Signature, if changing Registered Agent:

ACCUEEDACTIO

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 Changing Registered Agent, Signature of New Registered Agent

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 |
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| en effective ote: If th | late, if other e date is listed, e date inserted effective dat | the date must d in this blo | be specific ock does n | and cannot b | applicable st | of filing or mo atutory filing | re than 90 d requireme | _ (optiona ays after filir nts, this da | ge) Pursuant to | 605.02: listed a |
| record spe is filed. | xifies a delay | ed effective | date, but | not an effec | ctive time, at | 12:01 a.m. o | n the earli | च of: (b) ा | The 90th day a | ifter th |
| ited AU | GUST 31 | | | , 2021 | ·· | | | | | |
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Filing Fee: \$25.00