## L19000128617

/Po	questor's Name)	
(rte	questors Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #	)
•		•
PICK-UP	MAIT	MAIL
<del></del>	<del></del>	_
(Bu	siness Entity Name	)
(Do	cument Number)	
Certified Copies	_ Certificates o	f Status
	_	<del>-</del>
		<del></del>
Special Instructions to	Filing Officer:	

Office Use Only



000330119900

08/10/19--01029--010 \*\*25.00

2019 JUN 10 PM 5: 01

FILED

T GLASS JUN 24 2019

## **COVER LETTER**

TO: Registration So Division of Cor					
	TECHNOLOGY LLC				
SUBJECT:	Name of Limi	ted Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	TESCARI. AARON				
		Name of Person			
	TDUTEC TECHNOLOGY	LLC			
		Finn/Company			
	3300 NE 191ST ST # 612			2019	
		Address	_ <del>_</del>		
	AVENTURA, FL 33180			2019 JUN 1 O	
	CANDAEXPENSES@GM.	City/State and Zip Code AIL.COM		PM 5: 0	S
	E-mail address: (	to be used for future annual report notifi	cation)	0	
For further information of	concerning this matter, please co	all:		. —	
GISELA RAMOS		561 8144558			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for t	the following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Regist	ING ADDRESS: tration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	1		

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TDUTEC TECHNOLOGY LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	y were filed on MAY 13, 2019	and assigned
Florida document number L19000128617		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		33, 39
Enter new mailing address, if applicable:		P
Muiling address MAY BE A POST OFFICE BOX)		<u></u>
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	S
	***	a wida
	City	orida Zip Code

## 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.

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>	<u>Address</u>	Type of Action
MCD	JUAN CIE CHAVEZ	3300 NE 191ST ST # 612	
MGR			B Add
		AVENTURA, FL 33180	
			Change
MGR	YAZCEMINNE PERDOMO	3300 NE 191ST ST # 612	
		AVENTURA, FL 33180	
			■ Remove
			2014 Change
			Change
			<u> </u>
			P Remove
		<del></del>	O Remove -
			∴ Change
			□ Remove
			Change
			Remove
			Change
		-	Add
			Remove
			Nemove
			☐ Change

 			<del></del>
 •			
		2019	
 		: .	
 			——————————————————————————————————————
 		<u> </u>	<u> </u>
		P	<del>- 5</del> ) - <del>5</del>
		- <del>- 2</del>	
 <del> </del>	<del></del>	<u> </u>	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee