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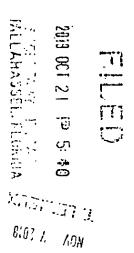
(Re	equestor's Name)	-
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<u></u>	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	<u></u> _

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10/21/19--01028--007 **25.00



COVER LETTER

Division of Cor	porations		
	TECHNOLOGIES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	ALEXANDER, BRENTO	N K	
		Name of Person	
	133 <i>5</i> 6 SW 44TH STREET	Firm/Company	
	MIRAMAR, FL 33027	Address	
	brentinmiami@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information of	concerning this matter, please co	all:	
Brenton alexander		305 8775399 at ()	
Name o	of Person	Area Code Dayti	ime Telephone Number
Enclosed is a check for t	he 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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZANDER TECHNOLOGIES LLC	Cill Pro	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000146049	Were filed on parasizate	and assigned
This amendment is submitted to amend the following:	Communication Limits	
A. If amending name, enter the new name of the limited liab	ility company here:	
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)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	City	7ip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position in the registered office.	performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ALEXANDER, BRENTON K	133.56 SW 44TH STREET	
		MIRAMAR, FL 33027	
			Remove
MGR	ALEXANDER, JENNIFER M	13356 SW 44 h Street	
		MIRAMAR, FL 33027	
			□ Remove
			E Change
			Remove
			☐ Change
			Add
			Remove
			Сһапде
			
			Remove
			Change
			Remove
			□ Change

D. If amei	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe <u>Note:</u>	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
D-4-4	10/15/2019
Dated_	10/15/2019 Ret Ale
	Signature of a member or authorized representative of a member
	Brenton Alexander

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00