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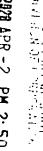
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TO:

Registration Section Division of Corporations

ACTURA TECH NOLOGIES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and teets) are submitted for filing.

Please return all correspondence concerning this matter to the following

DENNIS ICOROL
Name of Person ACTURA TECHNOLOGIES LLC
Funccimpans
626 GREENBRIAR CIR PETALUMA, CA, 94954

City State and 719 Code

DKAX2012 6 9 MAIL: COM
mail address: the be used for future annual report northication)

For further information concerning this matter, please call;

DENNIS KOROL at (727) 77/546/
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

D 525 00 Films Fee

75 836 00 Fding Fee & Certificate of Status ع برغا وس ۱ بارورځ د ا Certified Copy (additional copy is enclosed) X South) riting for Certificate of Status & Certified Copy cadditional copy is enclosed.

Mailing Address:

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

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACTURA TECHNOLOGIES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on June 20, 2019 and assigned Florida document number 1190001626.56

This amendment is submitted to amend the following:

Α.	If amending name,	enter the new	name of the	limited	liability	company	here

The new name must be distinguishable and contain the words "Limited	Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>S)</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 agent and/or the new registered office address here:	fice address on our record	is, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Physida sp	cet address
		. Florida
	Circ	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 proxisions 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, it 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.

H Changing Registered Agent, Signature of New Registered Agent

2820 APR -2 PM 2: 51

If amending Authorized Person(s) authorized to manage, cuter the title, name, and address of each person-being added or removed from our-records: \cdot

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
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tive date, if other than the date of file fective date is listed, the date must be specific. If the date inserted in this block does no nent's effective date on the Department of	and cannot be prior to do of meet the applicable	te of filing or more statutory filing re	(optic than ⁹⁰ days after equirements, this	filing.) Pursuant to 60
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