L19000 202 341

| (Rec | questor's Name) | |
|---------------------------|-------------------|-------------|
| (Add | dress) | |
| (Add | dress) | |
| (City | /State/Zip/Phone | · #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bus | siness Entity Nam | ne) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to F | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only



700332890377

08,720,719--01002--020 ++80,00

RECEIVED
AUG 1 9 2019

AUG 2 8 2019 S. YOUNG 19 W6 19 W 6:1

COVER LETTER

| - L - L - W - L - L - C- W - L - L - C- W - L - L - C- W - L - C- W - L - C- W - W | Rep Group, LLC | | | | |
|---|--|---|--|--|--|
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Antonio Zamora | | | | |
| | | Name of Person | | | |
| | Zamora & Hernandez, PU | C | | | |
| | | Firm/Company | | | |
| | 9485 SW 72 Street Suite A | .265 | | | |
| | | Address | | | |
| | Miami, Florida 33173 | | | | |
| | azamora@zhacounting.com | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notific | cation) | | |
| For further information of | concerning this matter, please e | all: | | | |
| Antonio Zamora | | 305 665-6560 | | | |
| Name o | of Person | Area Code Daytime | 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:

TO:

Registration Section
Division of Corporations

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

| Tecno Elec Reg Group, LLC | | ; |
|---|--|-----------------------|
| (Name of the Limited Liab) (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | 8 |
| The Articles of Organization for this Limited Liability | Company were filed on August 8, 2019 | and assigned |
| Florida document number L19000202341 | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| Tecno Elec Rep Group, LLC | | |
| The new name must be distinguishable and contain the words "Li | imited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADE | ORESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | er the name of the ne |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | Cite | Zin 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 add or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| Title | Name | Address | Type of Action |
|-------|-------------|-------------|----------------|
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| | | | · | | | -, | · | |
|--------------------|--|--------------------|---------------|---------------|--|---------------------------------|---|---------------------------------------|
| | | | | | | . . | <u> </u> | |
| _ | . | | | | | ··· | | |
| | | | | | | | | |
| | | | | | | | | <u> </u> |
| | | | _ | | | | | |
| | · | | | | | | | |
| <u>-</u> | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | - | | | |
| | | | | | _ | | | |
| | | | | | - | | | |
| | | | | | | , | | |
| | | | | | | | | |
| | <u> </u> | | | | | _ | | |
| | | | | | <u> </u> | | | . |
| **- | | | | | | | | |
| | | · | | | | | | |
| Note: II I | e date, if other t tive date is listed, the the date inserted it's effective date | in this block does | s not meet th | ne applicable | te of filing or most statutory filing | re than 90 days requirements | o ptional) after filing.) Pur , this date will | suant to 605.0207 not be listed as |
| documen\ | | delayed effect | tive date | but not an | effective ti | me, at 12: | 01 a.m. on | the earlier of: |
| ne recor | rd specifies a o Oth day after | the record is | filed. | | | | | |
| ne recor The 90 | Oth day after | the record is: | filed. | | | | | |
| ne recor The 90 | rd specifies a country of the day after ugust 15 | the record is | filed. | | | | | |
| ne recor The 90 | Oth day after | the record is | filed. | | | | | |
| he recor The 90 | Oth day after | the record is | filed. | | representative (| of a member | ······································ | |

Page 3 of 3

Filing Fee: \$25.00