## 119000228963

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Per Conversation: R[A change! David A. Aronson, CPA. P.A.
David A. Hronson, CPA. P.A.
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Office Use Only



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09/27/21--01004--014 \*\*25.00

FILED Oct 07, 2021 08:00 AM Secretary of State

Riddol



October 6, 2021

DAVID ARONSON 17071 WEST DIXIE HWY STE 301 NORTH MIAMI BEACH, FL 33160

SUBJECT: STRATEGY EXCHANGE TECHNOLOGY, LLC

Ref. Number: L19000228963

We have received your document for STRATEGY EXCHANGE TECHNOLOGY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 121A00024248

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## FILED Oct 07, 2021 08:00 AM Secretary of State

Strategy Exchange Technology,		
(Name of the Lis	mited Liability Company as it now appears on a (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited	Liability Company were filed on <sup>09/10/19</sup>	and assigned
Florida document number 1.19000228963		
This amendment is submitted to amend the fo		
A. If amending name, enter the new name	of the limited liability company here:	
SET Techs, LLC		
The new name must be distinguishable and contain the	e words "Limited Liability Company." the designat	ion "LLC" or the abbreviation "LLLC"
Enter new principal offices address, if appl		
Principal office address MUST BE A STRE		
The same same same same same same same sam		
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	E BOX)	
3. If amending the registered agent and/or	- ranistored affin address as our suppl	a material beautiful and the state of the st
gent and/or the new registered office addr	registered white address on our record. ress here:	s. enter the name of the new regist
···		
Name of New Registered Agent:		
Name W New Neglinered Agent.		
New Registered Office Address:	17071 West Dixie Highway, Suite 301	
	Emer (Aorida sire	ret address
	North Miami Beach	Florida <sup>33160</sup> Zip Code ,
	City	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.

H 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 . 1

<u>Title</u>	Name	Address	<u>Type of Action</u>
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			Remove
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			ElAdd
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Affective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the December 1.	the specific and cannot book does not meet the	e prior to date of file applicable statuto	ng or more than 90 days after.	tilino A Porsuant to 605 6207 (
record specifies a delayed effective d is filed.	: date, but not an effec	ctive time, at 12:0	I a.m. on the earlier of: (b)	The 90th day after the
September 23	2021	·		
Daniel fix	ander			
Daniel Jan	enser Signature of a member i	or authorized repress	entative of a member	·

Filing Fee: \$25.00