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COVER LETTER

	gistration Śe vision of Cor		÷	
eun icer.		k Solutions LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Kevin Salinas		
			Name of Person	
		Modern Tek Solutions LL	С	
			Firm/Company	-
		5661 Independence Cir St	e #3	
			Address	
		Fort Myers, FL 33912		
		-	City/State and Zip Code	
		lauren@moderntek.solution	ns	
		E-mail address: (to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please c	all:	
Lauren Wai	rd		239 319-3999 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		-	Division of Corporations	
P.6	O. Box 632	7	The Centre of	Tallahassee
Ta	llahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modern Tek Solutions LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 09/13/2019	and assigned
lorida document number L19000231774		_
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		2021
	• .	- -
nter new mailing address, if applicable:		25 = 7
Mailing address MAY BE A POST OFFICE BOX)		
		ZA.
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the name	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	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.

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>	Address	Type of Action
MGR	Michael Boyle	1217 SW 18th Terrace	≅Add
		Cape Coral, FL 33991	□Remove
			Change
			
			□ Remove
			□Change
			□Add
		_	□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change

Iffective date, if other than the date of filing: (optional) (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 days. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Signature of a member or authorized representative of a member Kevin Salinas	-	
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Signature of a member or authorized representative of a member		
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Kevin Salinas		Signature of a member or authorized representative of a member
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Filing Fee: \$25.00