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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: <u>En</u>	erson Tech Curib Name of Limit	ben Limited LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	nondence concerning this matter to	o the following:	
	Rocher	Ph: 11: p Name of Person	
	,	Name of Person	
	·····	Firm/Company	···
	1170/ B.	Il. Allen Ct	
	11/06 36	My Milano Ct Address	
	1. James Fl	34786	
	windermore, 12	34786 City/State and Zip Code	
	ahsbiz Q g	muil, com be used for future annual report noti	
			fication)
For further information	concerning this matter, please cal	1:	
Kodney	of Person	ar (954) 584.20	88
Name	of Person	Area Code Dayum	e Telephone Number
Enclosed is a check for	_		
☑ \$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 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

The Articles of Organization for this Limited Liability Company were filed on _______ and assigned Florida document number L 19000736287 This amendment is submitted to amend the following: A. 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address __. Florida ___

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.

City

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 added or removed from our records:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Emmunuel J. Henry Sr	11706 Bella Milano Ct Windernere, FL 34786	⊠′Add
	, in the second	Windernere, FL 34786	Remove
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Filing Fee: \$25.00