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COVER LETTER

TO:	Registration Sec Division of Corp		,	
SUBJE		EN TECHNOLOGIES LLC		
SUBJE	C1.	Name of Limi	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		STEVEN JORDAN		
			Name of Person	
			Firm/Company	
		7170 N IRA MARTIN AV	ENUE	
			Address	
CRYSTAL RIVER, FL 34428				
		STEVEN@ELITECABINE	City/State and Zip Code TCOATINGS.COM	
		E-mail address: ()	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
STEVE	N JORDAN		352 634-4535 a1 ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
≅ \$ 25	.00 Filing Fcc	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327 Tallahassec, 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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TRADESMEN TECHNOLOGIES LLC 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)	TRADESMENTECHNOLOGIES LLC	
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TRADESMEN TECHNOLOGIES LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC." 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 office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida	This amendment is submitted to amend the following:	
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Name of New Registered Agent: New Registered Office Address: Emer Florida street address Florida		
Name of New Registered Office Address: New Registered Office Address: Enter Florida street address Florida	B. If amending the registered agent and/or registered off	fice address on our records, enter the name of the he
New Registered Office Address: Emer Florida street address , Florida	registered agent and/or the new registered office address here	#
New Registered Office Address: Enter Florida street address Florida		₩ · · · •
Enter Florida street audress, Florida	Name of New Registered Agent:	
Enter Florida street audress, Florida	n and a second second	_
7: 6 1.	New Registered Office Address:	Enter Florida street address
7: 6 1.		Florida
		7: 6.1

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 added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			□ Change
			□ Add
			☐ Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			☐ Change
			Remove
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			Add
			□ Remove
			Choase

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: (If 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 605.020 Note: 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.
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o b) The 90th day after the record is filed.
Dated November 24th. 2019.
Dated November 14th. 2019. X Signapore of a member or authorized representative of a member
Steven Jordan Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00