# L19000254843

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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Amendmane

DEC . 8 2019 I ALBRITTON

## **COVER LETTER**

| TO:           | Registration Se<br>Division of Cor |   | :   |  |
|---------------|------------------------------------|---|---|--|
| SUBJE         | SIT TECH                           | NOLOGY SOLUTIONS LLC                            |   |  |
| SUBJE         | .CT:                               | Name of Lim                                     | aited Liability Company   |  |
| The en        | closed Articles of                 | Amendment and fee(s) are sub                    | mitted for filing.  |  |
| Please        | return all correspo                | ondence concerning this matter                  | to the following:   |  |
|               |                                    | BEYLIG EGLEE RAMIR                              | EZ VASQUEZ  |  |
|               |                                    |   | Name of Person  |  |
|               |                                    | SIT TECHNOLOGY SOL                              | UTIONS LLC  |  |
|               |                                    |   | Firm/Company  |  |
|               |                                    | 3428 W MINNEHAHA S'                             | • •   |  |
|               |                                    | · · · · · · · · · · · · · · · · · · ·           | Address   |  |
|               |                                    | TAMPA, FL 33614                                 |   |  |
|               |                                    | -   | City/State and Zip Code   |  |
|               |                                    | E-mail address: (                               | to be used for future annual report notif                           | ication)                               |
| For fur       | ther information c                 | oncerning this matter, please c                 | all:  |  |
|               |                                    |   | at ( )  |  |
|               | Name o                             | f Person  | at ()<br>Area Code Daytime  | e Telephone Number                     |
| Enclose       | ed is a check for th               | ne following amount:                            |   |  |
| <b>≘</b> \$25 | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy |

MAILING ADDRESS:

TO:

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**

| SIT TECHNOLOGY SOLUTIONS LLC | SIT | TECHNOL | OGY S | OLUTI | ONS L | LC |
|------------------------------|-----|---------|-------|-------|-------|----|
|------------------------------|-----|---------|-------|-------|-------|----|

(Name of the Limited Liability Company as it now appears on our records.)

|   | (A Piorida Limited Liability Compar  | (y)  |                  |  |
|---|--|--|------------------|--|
| The Articles of Organization for this Limited I   | Liability Company were filed on  | 10/10/2019 and assign  | ıed              |  |
| Florida document number 1.19000254843   | ·  |  |                  |  |
| This amendment is submitted to amend the fol  | lowing:  |  |                  |  |
| A. If amending name, enter the new name   | of the limited liability company   | ; here:  |                  |  |
| ITS TECHNOLOGY SOLUTIONS LLC  |  |  |                  |  |
| The new name must be distinguishable and contain the  | words "Limited Liability Company," t   | he designation "LEC" or the abbreviation "L.L.C                                  |                  |  |
| Enter new principal offices address, if appli   | cable:   |  |                  |  |
| (Principal office address MUST BE A STRE.   | ET ADDRESS)  | 120  |                  |  |
|   |  | 2019 NOV   | $\overline{\Pi}$ |  |
|   | <del></del>  | <u> </u>   |                  |  |
| Enter new mailing address, if applicable:   |  | 19 19  | <b>1</b>         |  |
| •   |  | PH PH  | 田田               |  |
| (Mailing address MAY BE A POST OFFICE   | <u> </u>   | <u> </u>   |                  |  |
|   | <del></del>  |  |                  |  |
|   |  | OA OA  |                  |  |
| B. If amending the registered agent and registered agent and/or the new registered of   |  | on our records, enter the name of  | the new          |  |
| registered agent and/or the new registered to   | mice address here.   |  |                  |  |
| Name of New Registered Agent:   | BEYLIG EGLEE RAMIREZ   | VASQUEZ  |                  |  |
| New Registered Office Address:  | 3428 W MINNEHAHA ST  |  |                  |  |
| New Registered Office Address.  | Enter Florida street address   |  |                  |  |
|   | TAMPA  | , Florida <sup>33614</sup>   |                  |  |
|   | City   | Zip Code   |                  |  |
| New Registered Agent's Signature, if changing   | Registered Agent:  |  |                  |  |
| I hereby accept the appointment as register provisions of all statutes relative to the projuccept the obligations of my position as regbeing filed to merely reflect a change in the company has been notified in writing of this | ed agent and agree to act in the<br>per and complete performance<br>istered agent as provided for i<br>registered office address. I he | of my duties, and I am familiar with a<br>n Chapter 605, F.S. Or, if this docume | nd               |  |
|   | A2-  |  |                  |  |

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>             | <u>Address</u>      | Type of Action |
|--------------|-------------------------|---------------------|----------------|
| MGR          | RAMIREZ, BEYLIG         | 3428 W MINNEHAHA ST |                |
| -            |                         |                     |                |
|              |                         | TAMPA, FL 33614     | <b></b>        |
|              |                         | -                   |                |
|              |                         |                     | □ Change       |
| MGR          | AVILA, FELIX            | 3428 W MINNEHAHA ST | ·              |
|              |                         |                     |                |
|              |                         | TAMPA, FL 33614     |                |
|              |                         |                     | ■ Remove       |
|              |                         |                     | Change         |
| MGR          | RAMIREZ-VASQUEZ, BEYLIG | 3428 W MINNEHAHA ST | <u> </u>       |
|              | EGLEE                   |                     | <b>∃</b> Add   |
|              |                         | TAMPA, FL 33614     |                |
|              |                         |                     | □ Remove       |
|              |                         |                     |                |
| MGR          | AVILA, FELIX M.         | 3428 W MINNEHAHA ST |                |
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|              |                         | TAMPA, FL 33614     |                |
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| fective date, if other than the d<br>in effective date is listed, the date must b | ate of filing:<br>e specific and cannot be prio | r to date of filing or more | (optional) than 90 days after filing 1 Purs | auant to 605.020 |
| ote: If the date inserted in this bloc<br>cument's effective date on the Dep      | k does not meet the appli-                      | cable statutory filing re   | quirements, this date will i                | not be listed a  |
| record specifies a delayed of<br>The 90th day after the recor                     | effective date, but no<br>d is filed.           | ot an effective time        | e, at 12:01 a.m. on t                       | he earlier o     |
| OCTOBER 10  | 2019  |                             |   |                  |
|   | ·   | ·                           |   |                  |
|   | BKun)   |                             | member                                      |                  |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00