19000 256 109

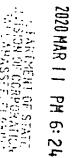
| questor's Name) | |
|-------------------|--|
| dress) | |
| dress) | |
| y/State/Zip/Phone | ; #) |
| ☐ WAIT | MAIL |
| siness Entity Nan | ne) |
| cument Number) | |
| _ Certificates | of Status |
| Filing Officer: | |
| | |
| | |
| | |
| | dress) dress) y/State/Zip/Phone WAIT siness Entity Nan cument Number) Certificates |

Office Use Only



800341179218

03/11/20 -01010--010 ***00.00



MAR 2 6 2020 S. YOUNG

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | porations | | |
|-------------------------------|----------------------------------|---|--|
| 58 | / Technologie | C /-/-C | |
| SUBJECT: _ > O | Name of Lim | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | Mari | C Secasan Name of Person | |
| | | Name of Person | |
| | CON | 1 Tach and an ins 1 | |
| | | Technologies (| 160 |
| | | • | |
| | 1405 Lake | George Orive | |
| | | Address | |
| | Lake Mary | 32746 FL | |
| | | 32746 FL City/State and Zip Code | |
| | Secasagm | o @ c ma \ \ . C o A to be used for future annual report noti | |
| | E-mail address: (| to be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | all: | |
| Marc Saca | Cara | 12: 11:00 | 9600 |
| Marc Seca Name o | f Person | at (724) 640 - Area Code Daytin | ne Telephone Number |
| | | | |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & | D 666 00 EU- E- 9 | □ \$40.00 till t |
| □ \$23.00 Filing rec | 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 Addres Registration S | | Street Address: Registration Se | ation |
| Division of C | | Division of Co | |
| P.O. Box 632 | - | The Centre of T | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| S&Y lechnologie | | |
|--|--|--|
| (Name of the Limited Mability (A Florida L | Company as it now appears on limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liability Co. Florida document number L 19000 256 109 | mpany were filed on <u>OCF</u> c | 10000000000000000000000000000000000000 |
| This amendment is submitted to amend the following: | | 70 6. 70 6. 70 6. |
| A. If amending name, enter the new name of the limite | ed liability company here: | 24 |
| | | |
| The new name must be distinguishable and contain the words "Limite | ed Liability Company," the design | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our reco | rds, <u>enter the name of the new registered</u> |
| Name of New Registered Agent: | | |
| 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 |
|--------------|-------------|-----------------------|----------------|
| AMBR | Ethun Yant | 4078 Brittens Road, | <u></u> ₩Add |
| | | Murrysville PA, 15668 | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □ Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | □Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | Change |

| | | |
|-------------------|--|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| - | | |
| | | |
| | | |
| | | |
| 4 | described at the figure | |
| <u>te:</u> 11 | date, if other than the date of filing: (optional) ive 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, the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records. | 020 d a |
| _ | | |
| cord s s filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | the |
| | | |
| od | March 8, 2020. | |
| <u></u> | March 8, 2020. Signature of a member or authorized representative of a member | |
| | North-Canada | |
| | Signature of a member or authorized representative of a member | |
| | Signature of a member or authorized representative of a member | |