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SECRE INC. 2-1-3-3-3
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:		ALE TECHNOLOGY SOLUT	TIONS LLC		
30131,01.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		BRYAN CRINO			
			Name of Person		
		BOWLINE CAPITAL PA	RTNERS LLC		
		Firm/Company 2909 W BAY TO BAY BOULEVARD, SUITE 300			
			Address		
		TAMPA, FL 33629			
			City/State and Zip Code		
		BCRINO@SKYWAYCAP			
		E-mail address: (to be used for future annual report n	otification)	
For further in	iformation c	oncerning this matter, please co	all:		
JOE PASSE	ERO		813 367-0755	5	
	Name o	t Person	at () Area Code Dayt	time Telephone Number	
Inclosed is a	check for th	he following amount:			
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Reg Div P.O	ding Addressistration Strision of C D. Box 632 lahassee, I	Section Corporations 27	Street Address: Registration S Division of C The Centre of 2415 N. Mon Tallahassee, I	Section Corporations f Tallahassee Toe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PANAGALE TECHNOLOGY SOLUTIONS LLC

(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appe Jiability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL19000265369	were filed on _	OCTOBER 22, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company	here:	
PANIGALE TECHNOLOGY SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," th	e designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			SE ST
			35 b m
Enter new mailing address, if applicable:			至 3
(Mailing address MAY BE A POST OFFICE BOX)			70 0
			30
			7
3. If amending the registered agent and/or registered office a	iddress on our	r records, <u>enter the nam</u>	e of the new registere
igent and/or the new registered office address here:			
Name of Name Bankstoned Amends			
Name of New Registered Agent:			
New Registered Office Address:		Florida street address	
	r,nier c	Toriuu sireer aaaress	
	City	, Florida	Zip Code
an Desistered Agent's Signature if shanging Degistered Agent:	•		syr cour
ew Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agree ovisions of all statutes relative to the proper and complete	ee to act in thi verformance	is capacity. I further ag of mv duties, and I am I	ree to comply with th familiar with and
cept the obligations of my position as registered agent as p			

ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

mpany 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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Remove
			Change
			
			□Remove
			□Change
			Remove
			Change
			□Add
			🗖 Remove
			Change
			
			□Remove

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fan effea <u>Note:</u> I	ate, if other than the date of filing: 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 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
record d is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	DECEMBER 3 2019
Jaicu _	
	37//
	Signature of a member or authorized representative of a member
	BRYAN L. CRINO
	Typed or printed name of signee

Filing Fee: \$25.00