## LZO 000005648

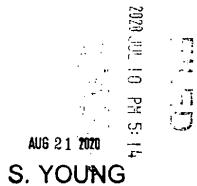
(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Registration S Division of Co				
Hi Tech Z				
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Anushay Malik			
	<del></del>	Name of Person		
	Hi Tech Zone LLC			
		Firm/Company		
	5453 NW 169th Terrace			
		Address		
	Miami Gardens, Florida 3	3055		
		City/State and Zip Code		
	hitechzonelle@gmail.com	to be used for future annual report noti	Contino	
For further information	concerning this matter, please c	·	nearony	
Anushay Malik		786 5877936		
·	of Person	at ()	e Telephone Number	
			·	
Enclosed is a check for	the following amount:			
■ \$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		Street Address:	otion	
Division of Corporations		Registration Section Division of Corporations		
P.O. Box 63	27	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hi Tech Zone LLC			in the state of th
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number L20000005648	Liability Company were filed on Decer	mber 27, 2019	and assigned
<del></del> -			∴
This amendment is submitted to amend the following	lowing:		<b>F</b>
A. If amending name, enter the new name of	of the limited liability company here	:	
The new name must be distinguishable and contain the	V/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	gnation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	P()V)		
muning unaress MAI BE A POST OFFICE	<u> </u>		
		7111 1	<del></del>
B. If amending the registered agent and/or in agent and/or the new registered office addre	registered office address on our reco ss here:	ords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:	Anushay Malik		
New Registered Office Address:			
	Enter Florida	street address	
	<u></u>	, 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 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
	N/A		🗀 Add
			□Remove
			□ Change
	·		□Add
			□Remove
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			]Remove
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Effective date, if other than the date of filing:			· · · · · · · · · · · · · · · · · · ·				·
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