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SECRETARY OF STATE

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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporation	ns		
SUBJECT: Tech	Connt Ct Name of Lim	Service J. LLC	
The enclosed Articles of Amendn	nent and fee(s) are sub	mitted for filing.	
Please return all correspondence of	oncerning this matter	to the following:	
	Randy	Name of Person	
		Firm/Company	
	833 SW	13th Court #11	06
	Miami F	33135	
1-	Ch Conne E-mail address: (City/State and Zip Code CT (OP P 9 m a) (to be used for future annual report notification of the control of t	id. Com
For further information concerning			
Randy R. Name of Person	Jeong	at (\frac{\frac{1\lambda{0}}{\text{Area Code}}}{\text{Daytime}}	7 J J J L : Telephone Number
Enclosed is a check for the follow	ring amount:		
	0.00 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 Division of Corpora		Street Address: Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>lech Connect</u>	Jervices, LLC
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number $\frac{1}{2}$	ompany were filed on 00007 20 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SSEE FILE
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	Randy Yeung
New Registered Office Address:	Enter Florida street address
	Highi Florida 33/35 City Zip Code
Nan Dagistorod Agant's Signatura if shanning Dagistara	,

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 Ageny, Signature of New Registered Agent

Page 1 of 3

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>	Name	Address	Type of Action
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Page 2 of 3

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Signature of a member or authorized representative of a member				