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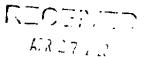
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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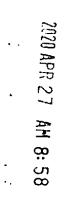
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TO:	Registration Section Division of Corporations		
SHRIF	cr. Tecno	2000 IMPOR	L.L.C
50150	o	Name of Limited Liability Compar	ny
The end	losed Articles of Amendment an	I fee(s) are submitted for filing.	
Please i	eturn all correspondence concert	ing this matter to the following:	
		+rank To	on
		Firm/Compar	ny
	130	111 SW 122	nd Ave Apt 301
	- ft	City/State and Zip OCCES 1 O NOTW E-mail address: (to be used for future	Code Vail. Com annual report notification)
For fur	her information concerning this		
	Cank Torces	at (30%	Daytime Telephone Number
,	ed is a check for the following an 5,00 Filing Fee S30,00 F Certific		opy Certificate of Status &
	Mailing Address: Registration Section Division of Corporations	Re	reet Address: Egistration Section Evision of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

TO ARTICLES OF ORGANIZATION OF

Tecno 2000 IM	PORT L.	L.C	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears o Liability Company)	n ou <u>r records.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 200000639</u> 20	were filed on $\overline{+e}$	26,20	<u>Z_O</u> and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here	:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desig	gnation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		_	2020 APR
(Principal office address MUST BE A STREET ADDRESS)			R 27
			<u>,</u>
Para and malling address if applicables			8.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			55
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter the nan</u>	ne of the new reg
Name of New Registered Agent:		_	
New Registered Office Address:	ti e til et	and the same	
	Enter Florido	street address	
	City	, Florida	Zıp 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 we 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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Acti-
AMBR	Frank Torres	13911 SW 122nd AUR #301 Miami, FL 33196	∑ Ş¥∆dd
			□Remove
			□Change
			□Add
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			🗆 Add
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	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
the record ford is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.
Dated	04/20/2020
	Signature of a member or authorized representative of a member
	Frank Tomes Typed or printed name of signee