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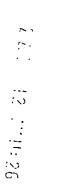
(Requestor's Name)
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R. WHITE MAY 29 2020

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: W	14L Technolo Name of Line	ind 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:	
	walte	- Mendez Name of Person	
	WALT	Technology LLC	_
	1453 Mar	sh Creek Lane	
	Orlando	FL 32828 City/State and Zip Code 56 xah xah xo Com to be used for tuture annual report notif	
	wwmc+3 E-mail address. (5@ vahoo Com to be used by luture annual report notif	ication)
For further information c	oncerning this matter, please co	±11:	
Water_Name o	Mendez	at (860) 989 - Area Code Daytime	- 5141 Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Z020
(Name of the Limited Liability Company as il now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4/3/20 and assigned Florida document number <u>L20000096054</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited 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 ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address

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 Title Name Address Type of Action MGR halter Mendez 1453 Marsh Crack Lane Madel
Orlando FL 32828 PRemove ____ □Change _____ □Remove _____ Change _____ 🗀 Add ____ DRemove _____ □Change _____ □Change ____ □Add ______ □Remove _____ □Change ______ □Remove

______ □Change

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-	
(If an ef Note:	ive date, if other than the date of filing:
he recor ord is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	April 14 2020
	Signature of a member of authorized representative of a member
	7

Filing Fee: \$25.00