LZ0 U00185659

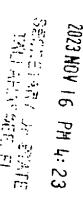
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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O SIMMONS DEC 17 2020

Tech Reput	blic LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Pascale Sauveur		
		Name of Person	
		Firm/Company	
	11027 Standing Stone Driv	ve	
		Address	
	Wimauma, FL 33598		
		City/State and Zip Code	
		to be used for future annual report	notification)
For further information e	oncerning this matter, please c	all:	
Pascale Sauveur		813 598-801 at ()	4
Name o	f Person	Area Code Da	ytime Telephone Number
Enclosed is a check for the	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
<u>Mailing Addres</u> Registration S		Street Address Registration	
Division of Corporations			Corporations

P.O. Box 6327

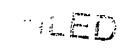
Registration Section Division of Corporations

TO:

Tallahassee, FL 32314

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

TO ARTICLES OF ORGANIZATION OF



Tech Republic LLC

2023 NOV 16 PM 4:

(Name of the Limite)	A Florida Limited Liability Company)	A A SEE, FI
The Articles of Organization for this Limited Lia Florida document number L20000185659	ability Company were filed on $\frac{07/01/202}{}$.	and ass
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
PasTech Republic LLC		
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.I
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address	~	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		, Florida
	City	Zip Code

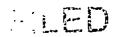
New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docubeing 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 beir or removed from our records:

MGR = Manager

AMBR = Authorized Member



Title	<u>Name</u>	Address 2023 NOV 16 PR 4: 23 SECRICIAN A SYATE	Type of A
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	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 neet the applicable statutory filing requirements, this date will not be list
cord specifies a delayed effective date, but not s filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
November 10	2020
Signature of a n	number or authorized representative of a member
•	•
Pascale Sauveur	
 	Typed or printed name of signee