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COVER LETTER

TO: Registration S Division of Co					
	E TECHNOLOGIES FLORIDA	A LLC			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	CARALPS SANTIAS, EN	RIQUE JOSE			
		Name of Person			
	REACTIVE TECHNOLO	GIES FLORIDA LLC			
		Firm/Company			
	7901 4TH ST N STE 300				
		Address			
	ST PETERSBURG, FL 33	702			
	 	City/State and Zip Code			
	ecaralps@gmail.com	to be used for future annual report noti	t minny		
For further information	concerning this matter, please c	·	neanon		
	- ,		II.	2023 SEC	
CARALPS SANTIAS, ENRIQUE JOSE Name of Person		305 400 1043		VON	J.
Name	of Person	Area Code Daytim	e Telephone Number	2023 NOV 14 AN	CHICATES
Enclosed is a check for t	the following amount:		• (n)		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of S Certified Copy tadditional copy is		
Mailing Addre Registration Division of C P.O. Box 63.	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REACTIVE TECHNOLOGIES FLORIDA LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on <u>08/05/2020</u>	and assigned
Florida document number <u>1.20000235909</u> .		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 HOV
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	lice address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	tai.a	
	, Florid	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 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	
MGR	Ortega Aguilar, Rosemery Arlene	7901 4TH ST N STE 300 ST PETERSBURG, FL 3370; ☐ Add		
			_ ■Remove	
			_ □Change	
			_ □Add	
			_ □Remove	
			_ □Change	
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Typed or printed name of signee