## L30000303550

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(City/State/Zip/Phone #)
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FEB 14223

## **COVER LETTER**

TO: Registration Section Division of Corpo		, ,	
SUBJECT: LUX	BLK Name of Lan	Daishic Shock I C	- TECHNO BITES LLC
The enclosed Articles of Ai	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	LEONE +	CIPE PODENUEZ  Name of Person  Eurocompany	CRIEDEDO TECHNO BRES LLC
	321 E SI	ERIDAR STATT	706
	-CO200818	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	od con
For further information con East Name of P		all: at ( <u>} 54</u> )2 <del>} 200</del> Area Code Daytime	7496 e Telephone Number
Enclosed is a check for the	following amount:		
Li \$25.00 Filing Fee	(i) \$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 Address: Registration Sec Division of Cor P.O. Box 6327	porations	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, FL	. 52514	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO, ARTICLES OF ORGANIZATION

TECHNO BYTES	< LLC	2023 FEB -9 PM 1:25
(A Florida L.	Company as it now appears imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Con Florida document number 200030BSS	npany were filed on <u>X</u>	7/30/2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite  Local Shot  The new name must be distinguishable and contain the words "Limited"	LLC	_
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	0 01	
	Enter Florid	a street address
	City	, Florida 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 Changing Registered Agent, Signature of New Registered Agent

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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			□Remove
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ote:	I the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
осин	nt's effective date on the Department of State's records.
	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
l is fil	
	FEBRURRY 4TH 2023 (1) / 11
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ated	Supative of a member or without of a few models
ated	Signature of a member or authorized representative of a member



February 1, 2023

LEONEL RODRIGUEZ 321 E SHERIDAN ST APT 106 DANIA BEACH, FL 33004

SUBJECT: TECHNO BYTES LLC Ref. Number: L20000308550

We have received your document for TECHNO BYTES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE, but your entity is a FLORIDA LIMITED LIABILTY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 823A00002370

