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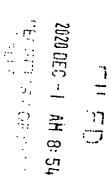
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COVER LETTER

TO:

Registration Section

Division of Co	porations	-1	y			
SHIN INZER	AO TECH SOL	UTIONS, LLC	•			
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		ALEXANDER E. OCHOA				
	Name of Person					
	AO TECH SOLUTIONS, LLC					
Firm/Company						
	27001 SW 142nd AVE					
	Address					
		HOMESTEAD, FL. 33032				
		City/State and Zip Code				
		alexoch28@gmail.com	.,			
		to be used for future annual report not	(Hication)			
For further information c	oncerning this matter, please co	ıll:				
ALEXANDER E. OCH	OA	786 457 - 0756				
Name (f Person	Area Code Daytir	ne Telephone Number			
Enclosed is a check for t	he 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 Address Pagistration		Street Address:	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee				
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AO TECH SOLUTIONS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limite	a Liabelty Company)
The Articles of Organization for this Limited Liability Compan	ny were filed on OCTOBER 20, 2020 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the name of the new register</u>
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>1:</u>
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
If Ch	anging 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>	<u>Name</u>	Address	Type of Action
MGR	ALEXANDER E. OCHOA Sr.	27001 SW 142 AVE	€ Add
		HOMESTEAD, FL. 33032	
MGR	ANEL E OCHOA Sr.	27001 SW 142nd AVE	
		HOMESTEAD, FL. 33032	■Remove
			__
			□Add
			□Change
			\ \ \ \ \ \
			□ Remove
			□Add
			□Change
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			Change

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(If an effec <u>Note:</u> I	e date, if other than the da tive date is listed, the date must be if the date inserted in this block ht's effective date on the Depar	te of filing: specific and cannot be pric does not meet the appli	cable statutory filing req	(optional) an 90 days after filing.) Pursuant to 60 uirements, this date will not be li	15,0207 (3)r sted as the
f the record ecord is filed		ite, but not an effective	time, at 12:01 a.m. on the	: earlier of: (b) The 90th day at	ler the
Dated	NOVEMBER 20th	2020			
		A)			
	Sig	natore et a rifember or auti	norized representative of a r	nember	
		L ALEXANDER E. G	ЭСНОА		

Filing Fee: \$25.00

Typed or printed name of signee