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COVER LETTER ...

TO: Registration Sect Division of Corpo	orations	-	
SUBJECT:	TWITHIN TEC	HNOLOGIES LLC ted Liability Company	•
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please return all correspond	dence concerning this matter (to the following:	
	JOH	N H. PASTULA	<u> </u>
	INITIU	m TECHNOCOGI Firm/Company	ES, LLC
	3040 VENTU	RE LANE, SUIT	E 105
	MELBOURNE	E FL 32934 City/State and Zip Code	<u> </u>
		ORT C INITIUM o be used for future annual report no	
For further information cor	ncerning this matter, please ca	ill:	
JOHN I	1. PASTULA Person	at (<u>321</u>) <u>42</u> Area Code Dayti	7 - 0 5 8 9 me Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Address:</u> Registration Sc		Street Address: Registration S	Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INITIUM TO	ECHNOLOGIES,	LLC 2021 JA!	Y -8 AM- 7: 28
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appearida Limited Liability Company)		
The Articles of Organization for this Limited Liability	y Company were filed on <u>-</u>	JANUARY OF 20	21 and assigned
Florida document number <u>L 20000353 1</u>	<u>14</u> .		
This amendment is submitted to amend the following	::		
A. If amending name, <u>enter the new name of the l</u>	imited liability company b	<u>iere</u> :	
The new name must be distinguishable and contain the words "I	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 AD	DRESS)		
			<u> </u>
			
Enter new mailing address, if applicable:			····
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registe		records, <u>enter the na</u>	me of the new registered
agent and/or the new registered office address her	<u>'e</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fl	orida street 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 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 = M $AMBR = M$	lanager authorized Member		A L
<u>Title</u>	<u>Name</u>	<u>Address</u>	2021 JAN - Type of Action
AMBR	John H Pastula	Address . 3550 BULL RUN CT , MELBOURNET	71, 32934 - ■Add 11/E
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). If amend	ing any other i	nformation, e	nter chan	ge(s) here	:: (Attach a	ch additional sheets, if necessary.)					
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(If an effective Note: If the		date must be specin this block doc	rific and can is not meet	not be prior the applica	to date of filin able statutor;		0 days a	ifter fil	al) ing.) Pursuant to 60 ate will not be lis		
the record sp cord is filed.		l effective date, l	but not an	effective ti	me, at 12:01	a.m. on the ea	rlier of	: (b)	The 90th day aft	er the	
Dated	JANWAM		for a men	Zo 21	Pasti	la Native of a mem	her				
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