Floraga Departments of State
Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886 Fax Number : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

MALIS PR 2.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ACCESS TECHNOLOGY USA, LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACCESS TECHNOLOGY USA	LLC	شتر بع.
(Name of the Limited Liability Company as i (A Florida Limited Liability	t now appears on our records.) y Company)	5
The Articles of Organization for this Limited Liability Company were	filed on11/20/2020	and assigned
Florida document numberL20000367984		76
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability c	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co.	mpany," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(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 addreasent and/or the new registered office address here:	ess on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	la
	, F10120	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.

13058473293 Fro

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	VARGAS, CARLOS	1165 SW 122ND AVE BLDG 50	
		PEMBROKE PINES, FL 33025	⊟ Remove
MGR	CABRICES, ALEJANDRA	1165 SW 122ND AVE BLDG 50	🗏 Add
		PEMBROKE PINES, FL 33025	
			□Change
			□Add
			□ Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Remove
			Change

ir amendii	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	-	
		
-		
Note: If th	date, if other than the date of filing:	to 605.0207 e listed as
ne record spi ord is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	y after the
Dated	JANUARY 12TH 2024	
	Signature of a member or authorized representative of a member	
	CARLOS VARGAS	
	Typed or printed name of signee	