120000390229

ſŗ	Requestor's Name)
	Address)
	÷adress)
	Dity/State/Zip/Phone #)
☐ SICk±fib	WAIT MAIL
<u> </u>	Susmess Entity Name)
<u> </u>	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	a F ling Officer

Office Use Only



500365982385

05/10/21--01009--022 **55.00

SECKELYER FOR INC.

O SIMMONIA MAY 1 1 2021

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 - Tallahassee, Florida 32301 (850) 224-8870 - 1-800-342-8062 - Fax (850) 222-1222

Broward Technologie	es LLC			
				
	•		i	Art of Inc. File
				LTD Partnership File
			-	Foreign Corp. File
				L.C. File
			,	Fictitious Name File
				Trade/Service Mark
				Merger File
		j		Art, of Amend. File
		1		RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
			\angle	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by: SETH	05/10/21			UCC 1 or 3 File
	$\frac{05/10/21}{2}$	Time		UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier



Subject: Amendment filing for Broward Technologies LLC

I am aware your agency does not keep track of ownership of an LLC, I do elect to make the ownership part of public record for my own business purposes. Please record the attached amendment.

Please contact me by email <u>p.moore@me.com</u> or phone +1 347-530-5354 if you have any further questions.

Sincerely,

Paul Moore

COVER LETTER

Divi	ision of Corpo	orations			
SUBJECT:	Broward Tecl	hnologies LLC			
		Name of Limite	ed Liability Company		
The ancieced	Articles of A	nendment and fec(s) are subm	istad for filing		
			J		
Please return	all correspond	lence concerning this matter to	the following:		
		Paul Moore			
			Name of Person	·	
		Broward Technologies LLC			
			Firm/Company		
	515 E LAS OLAS BLVD Suite 120				
			Address		
		Fort Lauderdale FL 33301			
			City/State and Zip Code		
		p.moore@me.com			
		E-mail address: (to	be used for future annual re	eport notification)	
For further in	iformation con	cerning this matter, please call	:		
Paul Moore			347-	-530-5354	
	Name of P	erson	at () Area Code	Daytime Telephone N	Tumber
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enck	Ce osed) Ce	.00 Filing Fee. rtificate of Status & rtified Copy ditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

22/64/10 Ph/12:50 Broward Technologies LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on December 09, 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 liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" 515 E LAS OLAS BLVD Suite 120 Enter new principal offices address, if applicable: Fort Lauderdale, FL 33301 (Principal office address MUST BE A STREET ADDRESS) 515 E Las Olas Blvd Suite 120 Enter new mailing address, if applicable: 33301 Fort Lauderdale FL (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 = N $AMBR = A$	lanager authorized Member			
<u>Title</u>	<u>Name</u>	Address ,	21 May 10 PH 12:5	Type of Action
				□ Add
				Remove
				Change
				🗆 Add
				Remove
				Change
				D Add
				Remove
				Change
				□ Add
				□ Remove
				Change
				🗆 Add
			-	□ Remove
				_□ Change
				_□ Add
				_□ Remove
				_□ Change

As of this date, th	ere is a single Member and Director, who is as fol		
Member name:	Membership interest Percentage:	-321 1/A	710 Pri 12: 50
Paul Moore	100%	•••	-
			<u> </u>
			
-			
effective date is listed to: If the date inser-	er than the date of filing: I, the date must be specific and cannot be prior to date of ted in this block does not meet the applicable statuate on the Department of State's records.	filing or more than 90 days	optional) after filing.) Pursuant to 605.0207 t, this date will not be listed as
record specifies he 90th day aft	a delayed effective date, but not an eff er the record is filed.	ective time, at 12:	01 a.m. on the earlier of
may 7, 2021			
tail ?	Veor		
	Signature of a member or authorized rep	resentative of a member	
Paul Moore			

Page 3 of 3

Filing Fee: \$25.00