

To: -18506176383

Page 3 of 9

2021-10-21 20:10:03 GMT

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From: JESUS LEON

14/10/21 14:24

L 21000028322

Florida Department of State H210003842153
Division of Corporations
Electronic Filing Cover Sheet

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((H210003842153))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SACONSA GROUP LLC
Account Number : 120200000187
Phone : (786)757-2436
Fax Number : (786)513-5977

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TECHNOINCA LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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H210003842153



October 21, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TECHNOINCA LLC
13348 FAIRWAY GLEN DR
APT 202
ORLANDO, FL 32824US

SUBJECT: TECHNOINCA LLC
REF: L21000028322

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please select the type of action for the authorized person listed.

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.

Valerie Herring
Regulatory Specialist III

FAX Aud. #: H21000384215
Letter Number: 521A00025685

H210003842153

COVER LETTER**H210003842153****TO: Registration Section
Division of Corporations****SUBJECT: TECHNOINCA LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESUS LEON

Name of Person

SACONSA GROUP LLC

Firm/Company

3625 NW 82 Avenue Suite 100-K

Address

DORAL, FL 33166

City/State and Zip Code

JESUSLEONTERAN@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESUS LEON

786

7572436

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**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**H210003842153**

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H210003842153

TECHNOINCA 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 01/12/2021 and assigned
on Florida document number L21000028322

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 "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) _____

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

_____, **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 Changing Registered Agent, Signature of New Registered Agent

H210003842153

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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-----------------------|--|
| AMBR | BOLANOS, RODOLFO | 13348 FAIRWAY GLEN DR | <input type="checkbox"/> Add |
| | | APT 202 | <input checked="" type="checkbox"/> Remove |
| | | ORLANDO, FL 32824 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

[Dated] OCTOBER 13 2021

Signature of _____

Signature of a member or authorized representative of a member

MARCOS BOLANOS

Typed or printed name of signee

H210003842153