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COVER LETTER

TO:		istration Se ision of Cor			
CHD III	COD.		r Repair LLC		
SUBJEC	CI;		Name of Lim	ited Liability Company	
The enci	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	cturn	all correspo	ndence concerning this matter	to the following:	
			Joshua M. Martineau		
				Name of Person	
			Tech Master Repair		
				Firm/Company	
			7617 SW 85th Dr		
				Address	
			Gainesville, Florida 32608		
				City/State and Zip Code	
			Joshua.martineau899@gma	il.com to be used for future annual report no	
For furth	her ir	nformation c	er-mail address: (ilireauon)
Joshua N			,	352 514-1427	
		Name o	f Person	at () Area Code Daytii	ne Telephone Number
Engloses	die o	shoot for th	ne following amount:		
		Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fce,
= \$ 23.	,OO F	Timing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
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		7181011 01 C D. Box 632	Corporations 27	The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tech Master Repair LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our records.) Liability Company))
,	• • • • • • • • • • • • • • • • • • • •	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L21000040164		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new regist
agent and/or the new registered office address here.		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street address	<u> </u>
	There I in me are a beautiful	
		ida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SALEH, IBRAHEEM	55 SW 5TH TERRACE GAINESVILLE, FL 32601	🗆 Add
			■Remove
			□ Change
MGR	Martineau, Joshua	7617 SW 85th DR Gainesville, FL 32608	🖼 Add
			□ Remove
			□Change
			□Add
			□Remove
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fective	date, if other than to	the date of filing	cunnot be proor to d	ute of filing or more	than 90 days after to	t al) ling.) Pursuant to 605.0207
	the date inserted in this	s block does not m	eet the applicable	statutory filing r	equirements, this o	late will not be listed as
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