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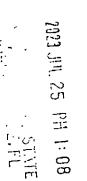
| (Requestor's Name) | | | | |
|---|-------------------|-------------|--|--|
| (Address) | | | | |
| (Add | dress) | | | |
| (City | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Su: | siness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| | Registration Se Division of Cor | | | |
|--------------------------|------------------------------------|--|--|---|
| SHDIEC | K Tecknok | ogy, LLC | | |
| SUBJEC | .1: | Name of Lin | nited Liability Company | _ |
| The enclo | osed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | |
| | | Richard Kabellis | | |
| | Name of Person | | | |
| | | K Tecknology, LLC | | |
| | | | Firm/Company | |
| | | 800 West Avenue #736 | | |
| Address | | | | |
| | Miami Beach, FL 33139 | | | |
| | | | City/State and Zip Code | |
| | | richard@ktechsolutions.tec | | 产 篇 |
| | | E-mail address: (| to be used for future annual report notification) | . 25 |
| For furthe | er information c | oncerning this matter, please c | all: | <u>.</u> |
| Richard I | Kabellis | | 312 770-0052 at () | 2023 JUL 25 PH 1: 08 |
| | Name o | f Person | Area Code Daytime Telephone Num | ber 77 8 |
| Enclosed | is a check for th | ne following amount: | | |
| \$25.0 | 00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certif (additional copy is enclosed) Certif | Filing Fee, ficate of Status & fied Copy final copy is enclosed) |
| | Mailing Addres Registration S | | Street Address: Registration Section | |
| Division of Corporations | | orporations | Division of Corporations | |
| P.O. Box 6327 | | | The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 1. 32314 | 2415 N. Monroe Street, Suite | 2 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| K Tecknology, LLC | | |
|---|--|--|
| (<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia | y as it now appears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company w | vere filed on February 05, 2021 | and assigned |
| lorida document number L21000063220 | | |
| his amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the limited liabil | ity company here: | |
| he new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" or th | e abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | · [6] |
| | | <u>i- '- '- '- '- '- '- '- '- '- '- '- '- '-</u> |
| | | [2] |
| nter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | The state of the s |
| | | 五元 0 |
| | | m w |
| If amending the registered agent and/or registered office adgent and/or the new registered office address here: | dress on our records, <u>enter the n</u> | ame of the new regist |
| | | |
| 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 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 |
|--------------|------------------|-------------------------|----------------|
| AMBR | Eric J. Kabellis | 324 S Kensington Avenue | ■Add |
| | | LaGrange, IL 60525 | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change SAdd |
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