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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Con			
FJ Tech LI	.C		
SUBJECT:	Name of Lin	nited Liability Company .	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gabriel Romaszkiewicz		
		Name of Person	
	FJ Tech LLC		
		Firm/Company	
	3370 NE 190th St. Apt 19	11	
		Address	
	Aventura, FL 33480		
	rgjetarg@yahoo.com	City/State and Zip Code	
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	
Gabriel Romaszkiewicz		786 674 3395	
Vanua	f Person	at () Area Code Daytime	Telephone Number
Name o	r reison	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Sectin Section Section Section Section Section Section Section Section
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<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sect	$\overline{\omega}$. $\overline{\overline{\tau}}$
Division of C	orporations	Division of Corp	orations
P.O. Box 632 Tallahassee, I		The Centre of Ta	• .
rananassee, r	1. 34314	2415 N. Monroe Tallahassee, Fl. 3	Sifect, Suite 810 —

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FJ Tech LLC

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company 1.21000065463 Florida document number	were filed on $\frac{02/08/3}{}$	2021	and assig	gned
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 design	ation "LLC" or the ab	obreviation "L.1.	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Entar non-mailing address (Canalia, black				
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>				
Brauing address MAT DE ATOST OFFICE BOX		 -		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our recor	ds, <u>enter the nam</u>	e of the new	register
	Enter Florida si	treet address		
	City	Florida	Zin Cada	(.)
New Registered Agent's Signature, if changing Registered Agent:	(ny		Zip Gode	\ <i>i</i> J
hereby accept the appointment as registered agent and agrorovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my o wovided for in Chap	duties, and I am f ver 605, F.S. Or,	amiliar with if this docum	änd jent is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sebastian R Collino	5555 Collins Ave Apt 3P, Miami Beach, FL, 33140	
			2 Add
			□Remove
			□Change
MGR	Gabriel Romaszkiewicz		□Add
			□Remove
			\= Change
			□ Remove
			□Change
			🗆 Add
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e: If the date inserted in this temperates effective date on the I	block does not meet the applicable statutor. Department of State's records.	y filing requirements, this date will not be listed
amone sometime date on the r	pepartment of State 3 records.	
ord specifies a delayed effecti	iva data, but not up affective time at 12:01	and on the audies of the The CONSTRUCTOR
filed.	ive date, but not an effective time, at 12.01	a.m. on the earlier of: (b) The 90th day after th
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