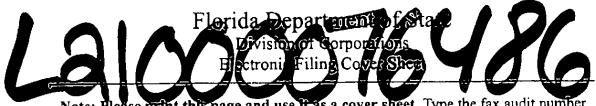
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASLAN TAX SERVICES INC

Account Number : I20140000082 Phone : (305)644-9144 : (786)477-5802 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email 1	Address:					
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OBIT TEC LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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→ 18506176383

COVER LETTER

TO: Registra Division			•	
	T TEC L	LC		
SUBJECT:		Name of Limit	ed Liability Company	
The enclosed Arti	cles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all c	orrespor	dence concerning this matter t	o the following:	
		IRMA SERNA		
			Name of Person	
		ASLAN TAX SERVICES	INC	
			Firm/Company	
		762 SW 18TH AVE		
			Address	<u> </u>
	MIAMI, FL 33135			
			City/State and Zip Code	
		IRMA@ASLANTAXSERV		E
		•	to be used for future annual report noti	neadon)
For further inform	nation co	onceming this matter, please ca	all:	
IRMA SERNA			305 644-9144 at ()	
	Name of	F Person	Area Code Daytim	e Telephone Number
Enclosed is a che	ck for th	ne following amount:		
□ \$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Cor	rporations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of 3	Fallahassee be Street, Suite 810	

Tallahassee, FL 32303

Fax Services

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

QBIT TEC LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L21000076486	ere filed on 02/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	previation "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)		<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, enter the nam	e of the new registered
	••	
Name of New Registered Agent:		
New Registered Office Address:		ر۔
New Registered Office Address.	Enter Florida street address	
	, Florida	711
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pe being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am j rovided for in Chapter 605, F.S. Or,	familiar with and if this document 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>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			DAdd
			□Remove
			Change
			□ Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove

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