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## **COVER LETTER**

то:	Registration Se Division of Cor		·	٠.	
		IATOS JORGE LLC	,	٠,,	
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	G-TECH MATOS JORGE LLC  Name of Limited Liability Company  he enclosed Articles of Amendment and fee(s) are submitted for filing.  lease return all correspondence concerning this matter to the following:  RAFAEL MATOS JORGE  Name of Person  G-TECH MATOS JORGE LLC  Firm/Company  12140 SW 179TH TER  Address  MIAMI/FL.33177  City/State and Zip Code  ALEXVIDEO13@YAHOO.COM  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  LAFAEL A MATOS JORGE  Name of Person  Area Code  Daytime Telephone Number				
Please	return all correspo	ondence concerning this matter	to the following:	Address    State and Zip Code   A   Sed for future annual report notification     T86	
		RAFAEL MATOS JORGE	<u> </u>		
			Name of Person		
		G-TECH MATOS JORGE	LLC		
	12110 SW 179TH TER				
	Address				
		MIAMI/FL,33177			
		ALEXVIDEO 13@YAHOO		<del></del>	
		<del>-</del>			
For fur	ther information e	oncerning this matter, please ca	all:		
RAFA	EL A MATOS JO	DRGE			
	Name o	f Person	Area Code Daytime Telephone	Number	
Enclos	ed is a check for the	ne following amount:			
<b>≡</b> \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy C (additional copy is enclosed) C	ertificate of States & ertified Copy [2] dditional copy is enclosed)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahasses 2415 N. Monroe Street, S Tallahassee, FL 32303	Л А II: 2 <sup>ц</sup>	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G-TECH MATOS JORGE		<del> </del>			<del></del>
( <u>Name of the Limited Liabil</u> (A Florid	da Limited Lia	as it now appears)	irs on our record	<u>IS.</u> )	
The Articles of Organization for this Limited Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for this Liability Organization for the Liability Organization for this Liability Organization for this Liability Organization for the Liability Organization for this Liability Organization for the Liability Organization f	Company w	ere filed on 0	2/23/2021	<del></del>	and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liabili	iy company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Lin	mited Liability	Company," the	designation "L.L.C	or the abbrevia	ation "L.L.C."
Enter new principal offices address, if applicable:				· • · •	
(Principal office address MUST BE A STREET ADD)	PRESS)		•		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere agent and/or the new registered office address here:  Name of New Registered Agent:		dress on our i	records, <u>enter</u>	the name of	the new register
					- · · · · · ·
New Registered Office Address:	tered Office Address:  Enter Florida stree		rida street addres	1 address	
			. Fl	orida	
		City		Zi	p Code
New Registered Agent's Signature, if changing Registere					c.
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete pe agent as pro red office ac	erformance of ovided for in (	t my duties, ai Chapter 605,	nd Fam famil F.S. Or, if th	tar with and is document is
	<u> </u>	·		=	フ_
	If Changi	ng Registered A	gent, <u>Signature o</u>	of New Registers	ed 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>	<u>Address</u>	Type of Action
AMBR	SHIRLEY FUCHS	1210SW 179TH TER MIAMI FL, 33177	■Add
			Remove
		*	Change
AMBR	MOSES FUCHS	12110SW 179TH TER MIAMI FL.33177	<b>S</b> Add
			[]Change
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Filing Fee: \$25.00