L21000144406

	(ⁱ Requestor's Name)
 -	(Address)
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	(City/State/Zip/Phone #)
≯(% _i , j	, (MAI) MAIL
	(Susiness Entity Name)
	(Document Number)
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SECRETARY OF STATE

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ALLAHASSEE, FL.

COVER LETTER

ΓΟ: Registration Secti Division of Corpo			
SUBJECT: Techn	Ology Services Name of Limited	Corouping LLC Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submi	tted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Steven Full	Name of Person	
		Firm/Company	
	14722 Josaic	Address	
	orland, Fl 378	75 City/State and Zip Code City/State and Zip Code So Camail Com So E used for future annual report notif	
	Cableany 9280 E-mail address: (10	Site used for future annual report notif	fication)
For further information co	ncerning this matter, please cal	it:	
Steven Fulker Name of	DSC. Person	at (407-) 919-2 Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	≠ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lechnology (Nucleof the Limited Liab (A Flor	oility Company as it now appears on our records.) ida Limited Liability Company)	······································
The Articles of Organization for this Limited Liability Plorida document number <u>L21000144406</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: Principal office address MUST BE A STREET AD	DRESS)	2021 APR 2
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	27 PM 2: 00 ARY OF STATE HASSEE. FL
B. If amending the registered agent and/or regist agent and/or the new registered office address her	ered office address on our records, <u>enter t</u> re:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	;
_	, Flo	orida
	City	rap Conce

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.

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

AGR = Manager MBR = Authorized Member Type of Action <u>Address</u> Name <u>l'itle</u> 14722 Josain Dr Orlando, 5132514 (X) del Steven Fullabra MGR □ Remove _____ Change ______ □Remove ______ ___ ___ __ _Add □Remove □Remove _____ Change

□Remove

	ny other information					
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<u> </u>						
						
			<u></u>			<u>. </u>
Note: If the o	e, if other than the one is listed, the date must listed in this bio offective date on the De	ck does not meet t	ine applicable sia	f filing or more that tutory filing requ	(optional) n90 days after filing.) P frements, this date wi	ursuant to 605.0207 Il not be listed as
ne record speci ord is filed.	fies a delayed effective	date, but not an e	iffective time, at	12:01 a.m. on the	earlier of: (b) The	90th day after the
Dated <u>tf</u>	17/21	<u></u>	·	epresentative of a r		
	Z (1 Z)	/ /				