h21000149828

(Req	uestor's Name)	
(Add	ress)	
·	,	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
<u> </u>	The Carlo No.	
(Bus	iness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
,		-
Special Instructions to F	iling Officer;	

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: 3MK TE	CH LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Genny Hughes		
		Name of Person	
		Firm/Company	
	221 N Broad St		
		Address	_
	Middletown, DE 19709		
	filings@unitedagentservice	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information (concerning this matter, please ca	all:	
Ruthy Willard	of Person	at (302 467 3700 Daytime	Telephone Number
·		7.16.1 6.3.16	
Enclosed is a check for t	the following amount:		
図 \$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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Duk	naull	
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on April 01 2021	and assigned
Florida document number L21000149828		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
3MK TECH LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 ADDRESS)		<u> </u>
		<u> </u>
		F 11
Enter new mailing address, if applicable:		20
Mailing address MAY BE A POST OFFICE BOX)		SSS ₹ M
		THE W
B. If amending the registered agent and/or registered of	fice address on our records,	enter the name of the ne
registered agent and/or the new registered office address here	<u>:</u>	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Connect Address.	Enter Florida street address	
	, Flori	ida
	City	Zip Code
Name Dead sound Amont's Cinnersum of Abancsing Destitated Agents		

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 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
			□ Add
			☐ Remove
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			☐ Remove
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Note: If the date inserted in	the date of filing: the must be specific and cannot be prior to one this block does not meet the applicable the Department of State's records.		ling.) Pursuant to 605.0207 (3)(1
If the record specifies a de (b) The 90th day after th	layed effective date, but not a e record is filed.	n effective time, at 12:01 a.	m. on the earlier of:
July 14 Dated	. 2021		
Rid	hy Willard Signature of a member or authorize	ed representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00