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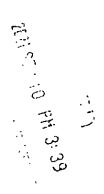
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## **COVER LETTER**

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	TECHNOLOGY SOLUTION	·	••
	Same of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mined for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	YSMARY DAZA		
		Name of Person	
	•	Firm Company	
	45 Whistler Trace		
		Address	
	Ponte Vedra, FL, 32081		
	ysmadaza@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report not	fication)
For further information c	oncerning this matter, please ea	all:	
Ysmary Daza		305 7647527	
Name of Person  Enclosed is a check for the following amount:		Area Code Daytin	ic Telephone Number
Enclosed is a check for t	ne following amount:		
實 \$25 00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy sadditional copy is enclosed
Mailing Address Registration		<u>Street Address:</u> Registration Sc	ection
Division of C		Division of Co	rporations
P.O. Box 632	27	The Centre of	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NOCATEE TECHNOLOGY SOLUTIONS LLC	•	
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) outed Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on April 09, 2021	and assigned
Florida document number L21000165662		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
NKT TECHNOLOGY SOLUTIONS LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
	(S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of	fice address on our records, <u>enter the r</u>	iame of the new register
agent and/or the new registered office address here:		· 55
Name of CN and Dominators I Assessed		## ## ## ## ## ## ## ## ## ## ## ## ##
Name of New Registered Agent:		
New Registered Office Address:		<u>~</u>
	Enter Florida street address	至
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	

I hereby accept the appointment as registered agent and agree to act in this capacity. I firther 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>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Remove
			□Change
			⊟Remove
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ffective date, if other than than effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	block does not n	nect the appli	icable statutoi	ng or more than s ry filing require	(option 90 days after fil ements, this d	al) ling.) Pursuant to t late will not be I	505,020 isted as
record specifies a delayed effect is filed.	ive date, but not	an effective	time, at 12:01	La.m. on the ea	arlier of: (b)	The 90th day at	fter the
sted September 08		2021					
neu	<u> </u>	TI	<u> </u>				
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	Signature of a n	neithier or aut	horized represe	entalive of a men	nber		

Filing Fee: \$25.00