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SECRETARY OF SIATE SECRETARY OF SIATE

COVER LETTER

TO: Registration Se Division of Cos			
SUBJECT:	ECHNOCY Name of Lim	3 ALES AND SE	RVICE LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TimoTf	Name of Person	I, TR
		Firm/Company	
	2605 s	ADLER LANE Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
Timothy Name o	SALUATI of Person	at (<u>321</u>) <u>265</u> - Area Code Daytim	076/ ne Telephone Number
Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	CLGY SALES AND SER d Liability Company as it now appears on our in A Florida Limited Liability Company)	CVICE LLC
The Articles of Organization for this Limited Lia Florida document number 421000 175	bility Company were filed on	$\frac{5}{2021}$ and assigned
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	the limited liability company here:	
TECHNOLOG The new name must be distinguishable and contain the wor	SPLES AND SER	"LLC" or the abbreviation "LLC"
Enter new principal offices address, if applical		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, e	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	dd
	enur riorida street d	aaress
	City	, Florida Zip Code
	₩.	rsp Coae

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 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** _____ □Remove _____ □ Add _____ □Remove ______□Add _____ Remove _____ □Remove

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in effective date is ote: If the date i	other than the date listed, the date must be spe inserted in this block do we date on the Departm	ecific and cannot be pri	icable statutory filing	(option ore than 90 days after figure than 50 days after figure than 5	ing) Porsugat to 605 i
ecord specifies a	i delayed effective date,	, but not an effective	time, at 12:01 a,m. o	on the earlier of: (b)	The 90th day after
	3/17	202	3)	
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