## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H220000039983)))



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To:

Division of Corporations

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: (850)617-6383

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 Phone : (702)866-2500

Fax Number : (702)900-2290

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

OVERLAND MOTOR CARRIAGES LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

# COVER LETTER

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	Registration Section Division of Corporations				
	OVERLAND MOTOR CARRIAGES LLC				
SUBJEC	T:	Name of Lim	ited Liability Company	<del></del>	
The encle	osed Articles of	f Amendment and fec(s) are sub	mitted for filing.		
Please re	tum all corresp	ondence concerning this matter	to the following:		
		Patricla Sillyman			
	Name of Person				
InCorp Services, Inc.					
	Firm/Company				
	3773 Howard Hughes Pkwy. · Suite 500S				
Address					
		Las Vegas, NV 89169	-6014		
			City/State and Zip Code		
		documents@incorp.col	M to be used for future annual report notif	(Cation)	
For furth	er information	concerning this matter, please c	,	,,	
Patricla	Sillyman		800-246-2677		
	Name	of Person		e Telephone Number	
Enclosed	is a check for	the following amount:			
■ \$25.	00 Filling Fee	☐ \$30.00 Piling Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre Registration Division of ( P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 'allahassee e Street, Suite 810	

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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OVERLAND MOTOR CARRIAGES LLC	
(Name of the Limited Liability Company as I (A Florida Limited Liability	u now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were	filed on 04/26/2021 and assigned
Fiorida document number L21000191018	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	company here:
TECH TECHR LLC	
The new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
_	
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	
<del></del>	
B. If amending the registered agent and/or registered office addre	ess on our records, enter the name of the new perstered
agent and/or the new registered office address here:	2
	1
Name of New Registered Agent:	<u> </u>
No or Dominton of Office Address	T = 1
New Registered Office Address:	Enter Floridu street address
	≂ <u>~</u>
	Florida Zip Cöde
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

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

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MGR = Manager AMBR = Authorized Member <u>Address</u> Title Name Type of Action \_ □ Add \_\_\_\_\_ □Remove \_\_\_\_\_ DChange \_\_\_\_\_\_ □ bbA □ \_\_\_\_\_ DChange □ Remove \_\_\_\_\_ DChange PPY□ \_ \_ □ Y94 \_\_\_\_\_ □Rcmova ☐ Change □ Remove \_ 🗆 Change

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E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (i) The 90th day after the record is filted.  Dated  December 30, 2021  William L Marcy III  Treed or orient assets of clauses.	O. It amending any other information, enter change(s) here: (Attach additional sheets, if neces:		_
E. Effective date, if other than the date of filing:  (optional)  (If an effective date is listed, the date mast be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 665.0207  Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)  The 90th day after the record is filled.  Dated  December 30, 2021  William L Marcy III			
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documents@incorp.com	Typed or printed name of signee	<del>o</del> m	C)

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