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## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECTS EF	Tech Interna	Honal II.C	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Martin	D. Suarez Name of Person	
	EE Te	Ch International Firm/Company	2022 DEC
	520 5	13th Ct.	
		Address	
	Lantana F	City/State and Zip Code	-1 PH 4: 02
	ee techinter E-mail address: (	national gmail.c	om fication)
For further information c	oncerning this matter, please c	all:	
Martin D. S	Chare?	1954 Sin 2	9 (0) (0
Name o	f Person	at ( <b>984</b> ) <u><b>S62</b> -</u> Area Code Daytim	e 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 Addres Registration S	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee. I			e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida)	H INTERNA  V Company as it now appear on our (exords.)  Limited Liability Company)	TIONALLLC
The Articles of Organization for this Limited Liability Co	ompany were filed on 4-27.21	and assigned
Florida document number L21000 1955 61	_·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		202) SEJ
		2DE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
training autoes MATA DESTITION OF THE DOWN		(1)
B. If amending the registered agent and/or registered	office address on our records, enter th	=====;
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	Ciry	Zip Code

## 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>	<u>Name</u>	Address	Type of Action
AMBR	Diane Suarez	537 S. 13th Ct. Lantary FL	33462-Add
			□Remove
AMBR	Martin Sharez	537. S. 13th Ct. Lantana FL 3;	34 62 7 Add
			□Remove
			GChange
AMBR	Luz Landera	17911 NW 915+ C+	GC Change GC C R Add C -
		Hialean, FL 33018	Remove
			□Add
		***	□Remove
			🗖 Change
			🗆 Add
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lote: If the date inse	her than the date of ed, the date must be spec erted in this block doe date on the Departme	s not meet the ap	plicable statutory	(o) or more than 90 days a filing requirements.	ptional) der filing.) Pursua this date will no	ant to 605,020 of be listed a
record specifies a de Lis filed.	elayed effective date.	but not an effectiv	ze time, at 12:01 a	.m. on the earlier of	: (b) The 90th	day after the
ated <u>Novem</u>	oer 28 <sup>th</sup>	202	2 M			
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Filing Fee: \$25.00