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TO:

Registration Section

Divi	ision of Cor	porations		
43 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		OLOGIES, LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		JODI RONEN		
			Name of Person	
		JG CONSULTING SERV	ICES, LLC	
			Firm/Company	
		5481 WILES RD STE 502	:	
			Address	
		COCONUT CREEK, FL 3	33073	
			City/State and Zip Code	
		JODI@ACCU-TAX.TAX		
		E-mail address: (to be used for future annual report noti	fication)
For further in	formation co	neerning this matter, please co	all:	
JODI RONEN	٧		754 220-8270	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Address istration So sion of Co Box 6327 ahassee, F	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CJJ TECHNOLOGIES, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/12/2021 ____ and assigned Florida document number 1.21000221004 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: :: Name of New Registered Agent: <u>ح</u>ز New Registered Office Address: Enter Florida street address

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.

Cirv

, Florida

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
MGR	JOSEPH PESTANA	5481 WILES RD STE 502	□Add
		COCONUT CREEK, FL 33073	G Remove
			□Change
MGR	TECHNOLOGY HOLDING GROUP	5481 WILES RD STE 502	= Add
	LLC	COCONUT CREEK, FL 33073	□Remove
			□Change
			□Add
			□ Remôve □ Change □ Add
			☐ Add ☐ ☐ Remove
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			□Remove
			□Change

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	an effective date is listed, the docte: If the date inserted in	ite must be specific and cannot be prior to date of f this block does not meet the applicable statut	iling or more than 90 days after filing.) Pursuant to	605.020 listed a
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after to filed.	eument's effective date on ecord specifies a delayed e	this block does not meet the applicable statut the Department of State's records.	ory filing requirements, this date will not be	listed

Typed or printed name of signee