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(Req	uestor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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D. BRUCE AUG 1 4 2021

COVER LETTER

TO: Registration Se Division of Cor							
SUBJECT:	JUANTECH	U.C.					
	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:					
	LOPD Se	LORD (0) Name of Person	USULTI N	6, LLC			
		Firm/Company					
	21 S SHE	u PD Address					
	DELAND,	FL 32.771 City/State and Zip Cod-	<u> </u>				
	LOPDAND LOP	DUS GMAIL TO be used for future annu-	. Com	on)		2021	
For further information of	concerning this matter, please c		•			2021 AUG -3	
CAROLINA (21NCON	at (321)	363 - 45	577 phone Number	———		
Name C	n reison	Area Code	Daytine Tele	phone Namber		PK 3: 5:	13
Enclosed is a check for the	he following amount:				777	ω	
S≥	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is e		Certificate Certified C (additional co	of Status δ opy		
Mailing Addres			\ddress:				
Registration : Division of C		_	ration Section on of Corpora				
P.O. Box 632			entre of Tallal				
Tallahassee,	FL 32314	2415 7	N. Monroe Str	cet, Suite 810)		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MANL	TECH LLC				_	
(<u>Name of the Limite</u> (d Liability Company as A Florida Limited Liabilit	<u>it now appears on our</u> ly Company)	records.)			
The Articles of Organization for this Limited Lia		filed on 79	2021	and a	issigned	ŧ
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liability of	company here:				
NIA						
The new name must be distinguishable and contain the wo	ords "Limited Liability Co	mpany," the designation	n "LLC" or the ab	breviation '	'L.L.C.''	
Enter new principal offices address, if applica	ıble:				202	
(Principal office address MUST BE A STREE)	<u> [ADDRESS)</u>		<u> </u>	<u>- 1</u>	AUG	
					ည်	
Enter new mailing address, if applicable:					P	
(Mailing address MAY BE A POST OFFICE E	<u> </u>			-n	3. 53	
B. If amending the registered agent and/or reagent and/or the new registered office address		ess on our records,	enter the nam	e of the n	iew reg	istered
Name of New Registered Agent:	LORD & LOI	RD CONSUL	TING, 1	<u>ار</u>		
New Registered Office Address:	21 S. SHE	ELL PD Enter Florida stree	t address			
	DEBARY	în :	Florida <u>3</u>	2713 Zip Coa	le	

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
			□Add
			□Remove
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an effective date is lote: If the date i	other than the d listed, the date must l nserted in this bloc ve date on the Dep	be specific and cannot k does not meet t	he applicable sta		han 90 days afte		605.026
record specifies a l is filed.	delayed effective	date, but not an ef	fective time, at 1	2:01 a.m. on t	he earlier of: (b) The 90th day	after the
ated July	21	<u>, 2</u>	021) (£ .		
	<u></u>	ignature of a mem-	or authorized re	presentative of a	member	7	
					1		

Filing Fee: \$25.00