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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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T. MATTHEWS MAR 29 2022

COVER LETTER

TO: Registration Se olvision of Cor			
SUBJECT:	Armo	tellinologies LLC	
	Name of Lim	Technologies LLC 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:	
		Jonathan A. Palace Name of Person	105 Guardia
	Abm	o Technologies LLC Firm Company	
		Firm/Company	
	10613 NM	Street	
		Address	
	Doras	FL 33178 City/State and Zip Code	
		•	
	E-mail address: (ip @ binary swap. (ication)
For further information c	oncerning this matter, please of		
Jonathan A	Palarios Guard	a at (786) 604 Area Code Daving	- 8085
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	•		
₹ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enchased)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation.
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	'allahassee
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT AND TO TO ARTICLES OF ORGANIZATION PROPERTY OF THE STATE OF T

(Name of the Limited Liability Companies) (A Florida Limited Li	
the Articles of Organization for this Limited Liability Company	were filed on 09/20/2021 and assigned
Florida document number <u>L 21 000 4 1 3 5 5 4</u>	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	10613 NW 57th Street
(Principal office address MUST BE A STREET ADDRESS)	Obral FL 33178
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
Name of New Registered Agent:	··· · · · · · · · · · · · · · · · ·
New Registered Office Address.	Enter Florida street address
-1	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with th

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>Tjtie</u>	Name	Address	Type of Action
			ÜAœı
			□Remove
			;;;Change
			□ Add
			CDAdd
			DRemove
			□Change
			□Add
			O'Change
	***************************************		□ Add
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ecord specif is filed,	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a f	fler ti
ted	03/15 2022	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.7%