Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name: BOSCH ACCOUNTING & TAX SERVICES CORPORATION

Account Number: 119990000045 Phone: (954)730-0640 Fax Number: (954)730-0292

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: BOSCHACCOUNTING@HOTMAIL.COM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HAWATECH SOLUTIONS LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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COVER LETTER

TO: Registration S Division of Co		
HAWATE	ECH SOLUTIONS LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are submitted for filing.	
Please return all corresp	condence concerning this matter to the following:	
	JAIRO BOSCH	
	Name of Person	
	BOSCH ACCOUNTING AND TAX SERVICES CORPORATION	
	Firm/Company	e of Status & Copy
	5440 N STATE ROAD 7, SUITE 5	
	Address	
	FORT LAUDERDALE, FL 33319	
	City/State and Zip Code	
	BOSCHACCOUNTING@HOTMAIL.COM	
	SOLUTIONS LLC Name of Limited Liability Company mendment and fee(s) are submitted for filing. lence concerning this matter to the following: JAIRO BOSCH Name of Person BOSCH ÁCCOUNTING AND TAX SERVICES CORPORATION Firm/Company 5440 N STATE ROAD 7, SUITE 5 Address FORT LAUDERDALE, FL 33319 City/State and Zip Code BOSCHACCOUNTING@HOTMAIL.COM E-mail address: (to be used for future annual report notification) meerning this matter, please call: 954 730-0640 at (
For further information	n concerning this matter, please cail:	
JAIRO BOSCH	954 730-0640 at ()	
Name	e of Person Area Code Daytime Telephone Number	
Enclosed is a check for		- Pan
□ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of (additional copy is encksed) Certified Copy	Status & y

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

(((H21000381487 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HAWATECH SOLUTIONS LLC		
Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability	ty Company were filed on OCTOBER 11, 2021 and a	ssigned
Florida document number L21000442548		
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the l	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 AD	ODRESS)	
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Mailing address MAY BE A POST OFFICE BOX	<i></i>	
,		
B. If amending the registered agent and/or registandent and/or the new registered office address her	tered office address on our records, enter the name of the n	iew registered
agent and of the new registered office and the	==-	
		20:
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
Now Nagistales Office (Day 2 to 1	Enter Florida street address	-3 Fil
	, Florida	T] TD
_	City Zip Cox	<u>kr.</u>
New Registered Agent's Signature, if changing Regis	rtered Agent:	Ö
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar	gent and agree to act in this capacity. I further agree to co nd complete performance of my duties, and I am familiar v ed agent as provided for in Chapter 605, F.S. Or, if this do stered office address, I hereby confirm that the limited lial	wun ana ocument is

If Changing Registered Agent, Signature of New Registered Agent

10/12/2021 18:02

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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:

MGR = Manager AMBR = Authorized Member

9547300292

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	VICTOR MANUEL LLANOS	5429 NW 90th AVE, SUNRISE, FL 33351	\(\) \(\)
			□Remove
			□Change
			□Add
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Effective da If an effective o	te, if other than the date of filing: (option: ter is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.	ng.) Pursuant	to 605.02
Note: If the	date inserted in this block does not meet the applicable statutory filing requirements, this diffective date on the Department of State's records.	ate will not l	pe listed :
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	or 111 at 60 the day has not an affective time at 12:01 a.m. on the earlier of (h)	The 90th do	iv after th
ne record spec ord is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th da	ه سدر. چے
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Dated		17 to	
	Nalle Carrent .		3
	17 ave 1 (pove 10)		
_	Signature of a member or authorized representative of a member	71	
_	AIRO BOSCH, Authorized Subscriber	SIAI	PH 12: 3