LZ100046CC41

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	egistration Sec ivision of Corp				
SUBJECT		CE TECHNOLOGIES, LLC			
SUBJECT	·	Name of Lim	ited Liability Company		
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspon	dence concerning this matter	to the following:		
		Richard Hoffman			
			Name of Person		
		Law Offices of Richard He	offman		
			Firm/Company		
		7474 E. Visao Drive			
			Address		
		Scottsdale, Arizona 85266			
			City/State and Zip Code		******
		richardhoffmanlaw@att.net E-mail address: ()	to be used for future annual	report notification)	
For further	information cor	ncerning this matter, please co		•	
Richard H			480 62	1-7860	
	Name of	Person	at () Area Code	Daytime Telepho	one Number
Enclosed is	a check for the	following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>M</u>	ailing Address:		Street A	ddress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VENGEANCE TECHNOLOGIES, LLC		
(Name of the Limited Li (A FI	ability Company as it now appears on our recorda Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liabili Florida document number L21000460041	ty Company were filed on October 22, 2	021 and assigned
This amendment is submitted to amend the following	ā: ,	
A. If amending name, enter the new name of the	limited liability company here:	
TORSION TECHNOLOGIES, LLC		
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	N/A	
(Principal office address MUST BE A STREET AL	ODRESS)	200
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX	2	
		97 2
B. If amending the registered agent and/or regist agent and/or the new registered office address he	· · · · · · · · · · · · · · · · · · ·	ter the name of the new registere
Name of New Registered Agent: N	/A	
New Registered Office Address:	Enter Florida street ad	ldress
		Flacid.
-	City	. Florida 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
	-		□Add
			□Remove
			Change Change
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	or #
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ve date, if other than the date of filing:	
ective date is listed, the date must be specific and cannot be prior to date of filing	ng or more than 90 days after filing.) Pursuant to 605.020
If the date inserted in this block does not meet the applicable statutory ent's effective date on the Department of State's records.	y filing requirements, this date will not be listed a
I specifies a delayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
ed.	
November 1 2021	
,,,	
$\overline{\mathcal{L}}$	
D. Q. O(X6)	
Signature of a member of authorized represer	ntative of a member

Filing Fee: \$25.00