LR1000474217

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Toda Technologi Name of Links	del Liability Company	
The enclosed Articles of Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
James	Donne Ust	
	Firm/Company	
501E. S	tveet Address	
St. Chiqueti	ne 1 FL 132080 City/State and Zip Code	
1:-mail address: (to	City/State and Zip Code City/State and Zip Code be used for future annual report notificat	tion)
For further information concerning this matter, please cal	II:	
James Donnelly Name of Person	at (<u>540</u>) <u>© 808</u> Area Code Daytime Te	-867D
Enclosed is a check for the following amount:		
№\$25.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section	on

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

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TO:

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

loda lechaologies	LLC	
(Name of the Limited Liabilité Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 11/2/2021	and assigned
Florida document number <u>L21000474217</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
Introtech Robotics LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "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)		207
<u> </u>	-	7
	j.e.	#26-P7
B. If amending the registered agent and/or registered office ad	idress on our records, <u>enter the name</u>	of the new registe
agent and/or the new registered office address here:		
	[~1] -T) 2: 4:3 5: 5: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6: 6:
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		~ ~	Change
			□Remove
			□Change
		□Add	
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		□Add	
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
•	
(If an ef Note:	ive date, if other than the date of filing:
the recordis fi	rd 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 led.
Dated	11/05 2021
	Nonzhur an member or authorized representative of a member
	James Done //
	Typed or printed name of signee