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Registration Section

Tallahassee, FL 32314

TO:

Corporations			
ro Tech, LLC.			
Name of Limited Liability Company			
s of Amendment and fee(s) are submitted for filing.			
espondence concerning this matter to the following:			
Julio Maldonado			
Name of Person			
JC's Zero Tech LLC.			
Firm/Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Julio Maldonado			
Address			
Melbourne, FL 32904			
City/State and Zip Code			
-			
E-mail address: (to be used for future annual report notification)			
on concerning this matter, please call:			
me of Person Area Code Daytime Telephone Number			
or the following amount:			
e ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JC's Zero Tech, LLC.

2022 AUG 17 AM 3: 00

(Name of the Limited Liability Compa	ny as it now appears on our records.) s Liability Company)	SECULLIARY OF STATE
		IALLAHA55EE, FL
The Articles of Organization for this Limited Liability Company Florida document number 1.21000496665	were filed on December 7th,2021	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "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)		
B. If amending the registered agent and/or registered office a	address on our records, enter the	name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fibrial Street dairess	
	Florid	la
	C <u>i</u> ù.	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 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
Manager	Angel Biosca	2650 SW River Shore Dr. Port Saint Lucie, FL 34984	l ≡ Add
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			Change
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ective date, if other the neffective date is listed, the d	ate must be specific and canr	not be prior to date of fi	ling or more than 90 da	(optional) lys after filing.) Pursuant	to 605.020°
te: If the date inserted in cument's effective date on	this block does not meet	the applicable statute	ory filing requiremen	nts, this date will not b	e listed as
rument's effective date of	the Department of State	s records.			
ecord specifies a delayed e	ffective date, but not an e	ffective time at 12-0) La.m. on the earlie	r of: (b) The 90th da	y after the
is filed.				, ,	•
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ted May 9th	<u> </u>)22			
	Ama Wi	minmini			
	- Inner - July	<u> </u>	sentative of a member		_

Typed or printed name of signee