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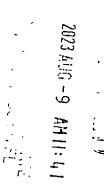
(Requestor's Name)
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of 8/ale/2023

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

TURAS T	ECHNOLOGIES LLC		
SUBJECT.	Name of Lim	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:	
	Laurence S. Donahue, Esq		
		Name of Person	
	Slingshot, LLC d/b/a/ Law	4 Small Business (L4SB)	
		Firm/Company	
	6801 Jefferson St NE Ste 2	220	
		Address	
	Albuquerque, NM 87109		
		City/State and Zip Code	
	FILINGS@L4SB.COM		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Laurence S. Donahue, E	Esq.	505 715-5700	
Name (of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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 Addre Registration		Street Address: Registration Se	ection
Division of C		Division of Co	
P.O. Box 633	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TURAS TECHNOLOGIES LLC

2023 AUG - 9 AH II: 41

(Name of the Limited	Liability Company as it now appears on our re A Florida Limited Liability Company)	cords.)	
(A	A Florida Limited Liability Company)	7	7年,河
The Articles of Organization for this Limited Liab	bility Company were filed on 11/19/2021		and assigned
Florida document number L21000498843	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation	'LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>)		
B. If amending the registered agent and/or reg agent and/or the new registered office address		nter the name o	f the new regi
agent and/or the new registered office address	nete.		
Name of New Registered Agent:			
•			
New Registered Office Address:	Enter Florida street a	ddress	
		D1	
	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 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
AMBR	Turas Tech Trust	1992 Lewis Turner Blvd, Suite 1067 PMB 2108	≅ Add
		Fort Walton Beach, FL 32547	□ Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□ Change
			□Add
			□ Remove
			□ Change

			
			
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		-	
			
			
fective date, if other than th		a data of filing as many than 00 do	(optional) ys after filing.) Pursuant to 605.0207
			its, this date will not be listed as
cument's effective date on the l	Department of State's records.		
ecord specifies a delayed effecti is filed.	ve date, but not an effective tir	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ited August 2	2023		
-> 1/2	77	_	
	<i>Y</i>		

Typed or printed name of signee