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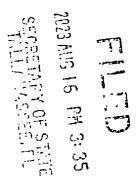
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Y. SCOTT SEP 10 2023

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:	Mino	oria Tech LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Rose D Robles Name of Person	
		Name of Ferson	
		Minoria Tech LLC	;; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
		Firm/Company	
	1	40 S Beach St Suite 310	
		Address	PH SOSS
	(Daytona Beach, FL 32114	2023 RUG 15 PH 3: 35 SECRETARY OF STATE SECRETARY OF STATE
		City/State and Zip Code	7 3 S
	E-mail address: (rose@minoriatech.com to be used for future annual report no	
For further information c	concerning this matter, please c	·	,
Rose D	Robles	at (<u>315</u>)	.628-0021
Name o	of Person		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 Addres		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Minona II				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	01/03/2022	and assigned	
Florida document numberL2200008872				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company he	ere:		
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the de	esignation "LLC" or the abbre	viation "L.L.C."	
Enter new principal offices address, if applicable:		SE TO	اً المسيد	
Principal office address MUST BE A STREET ADDRESS)	140 South Bea	ich Street Suite 108		
	Daytona Beach	- ويوات	7 1	
	<u> </u>	.V.G		
Enter new mailing address, if applicable:	140 South Bea	ich Street Suite 310ಿಲ್ಲಿ	ري	
Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach	n FL 32114	သူ ဘ	
3. If amending the registered agent and/or registered office :	address on our re	ecords, enter the name o	f the new reg	
gent and/or the new registered office address here:	additos vii vai 1	enter the name o	the new reg	
Name of New Registered Agent:				
	440 C	-b Ol O-it- 400	 	
New Registered Office Address:	140 South Beach Street Suite 108 Enter Florida street address			
D	aytona Beach	. Florida	32114	

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.

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

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	<u>Address</u>	Type of Action
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			🗆 Remove
			□ Change
			□Add
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etive date	e, if other than the d	ate of filing:			•	(optional)	
effective dat e: If the da	te is listed, the date must ate inserted in this blocective date on the Dep	be specific and car ck does not meet	t the applicab	date of filing or le statutory fili	more than 90 day	s after filing.) F	dursuant to 605.020 ill not be listed a
cord specifi filed.	es a delayed effective	date, but not an	effective time	e, at 12:01 a.m	on the earlier	of: (b) The	90th day after the
ed	August 15	; -	2023				
_		ignature of a mem	ber of author	Kol	eles		
		ignature of a men	IDEL OF AUTHORIZ	co representany	e of a member		