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COVER LETTER

10: Registration Section Division of Corporations
SUBJECT: TEKNIK TUNING LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stanley Soufflant Name of Person
TEKNIKTALNING LLC Firm/Company
6687 42 dern wunit K
RIVIERA Beach FL 33407 City/State and Zip Code
TEKNIKTUNING1 of GMAIL. Com. E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stanley Som Frant at (56) 729-5501 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy tadditional copy is enclosed) Certified Copy tadditional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section

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

TEKNIK TUN(; N/(any as it now appears on our records.) Liability Company)	
(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000 50 5</u> 50	were filed on <u>) 28 22</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, ;
(Principal office address MUST BE A STREET ADDRESS)		-
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· i.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	Cin	ир Соас

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>	<u>Name</u>	Address	Type of Action
AMBR	MEIBER VILLATONO	6687 U2 11 Lenny untk	□Add
		RIVIERABELL FZ 35407	Remove
			🗆 Change
			□Add
			□Remove
			Change
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ective date, if other than the date of filing:		_ (optional)	
effective date is listed, the date must be specific and cannot be prior to e: If the date inserted in this block does not meet the applicab			
ument's effective date on the Department of State's records.			
cord specifies a delayed effective date, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th day afte	er th
filed.			
ed 3/9 . 2023	/		
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San de	7		
Signature of a member or authorize	77 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_	

Filing Fee: \$25.00