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## **COVER LETTER**

	Registration S Division of Co			
our man		AC SOFTWARE CONSULTIN	IG LLC	
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		SAMUEL RODRIGUEZ		
			Name of Person	
				2002
			Firm/Company	. 3
		3087 HAMBLIN WAY		T 18 AM 11: 13
			Address	SSE 3
		WELLINGTON, FL 3341	4	mo :
		aidalui5@hotmail.com	City/State and Zip Code	r <sub>E</sub> 3
		•	to be used for future annual report no	tification)
For furthe	er information of	concerning this matter, please c	all:	
AIDA CE	ERTUCHE		954 7321050 at ( )	
	Name o	of Person		nc Telephone Number
Enclosed	is a check for t	he following amount:		
<b>■ \$</b> 25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
F C F	Mailing Address Registration Division of C P.O. Box 632 Fallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECNOPAC SOFTWARE CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{02-15-2022}{1}$ and assigned Florida document number <u>L22000075045</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_, Florida \_\_\_ City

## 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	DANIEL RAMIREZ	3087 HAMBLIN WAYWELLINGTON, FL 33414	<b>=</b> Add
			□ Remove
			Change
AMBR	BOLIVAR VERBEL	3087 HAMBLIN WAYWELLINGTON, FL 33414	≣Add
			Remove
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AMBR	GILBERTO CASTANEDA	3087 HAMBLIN WAYWELLINGTON, FL 3341A	
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			[] Change
AMBR	HAIBER BARREDA	3087 HAMBLIN WAYWELLINGTON, FL 33414	\equiv Add
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AMBR	RICARDO CHAPARRO	3087 HAMBLIN WAYWELLINGTON, FL 33414	<b>≣</b> Add
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Filing Fee: \$25.00