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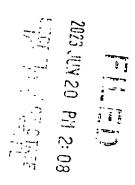
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## **COVER LETTER**

	Registration S Division of Co				
SUBJEC	TECNOV	ALAULAS LLC			
SUBJEC	·1·	Name of Li	mited Liability Company		
The enclo	sed Articles o	f Amendment and fee(s) are su	ibmitted for filing.		
Please ret	um all corresp	ondence concerning this matte	er to the following:		
		JUAN CAMILO RODRI	GUEZ		
			Name of Person		
		TECNOVALAULAS LL	С		
			Firm/Company	(P	2023
		12901 SW 208TH LN			() () ()
			Address		20
		MIAMI FL 33137		)	70 ;
			City/State and Zip Code	FET FET	7:08
		E-mail address:	(to be used for future annual report not	(fication)	
For further	r information c	concerning this matter, please of	call:		
			at ()		<del></del>
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	s a check for th	ne following amount:			
□ \$25.00	) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Certificate of Certified Cop (additional copy</li> </ul>	Status &
	lailing Addres		Street Address:	otion	
Registration Section Division of Corporations			Registration Sec Division of Con		
Ρ.	O. Box 632	7	The Centre of T	allahassee	
T	allahassee, F	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECNOVALAULAS LLC				
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)			
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/14/2022		and	d assigned
Florida document number L22000158806				
This amendment is submitted to amend the following:				
The Articles of Organization for this Limited Liability Company were filed on     104/14/2022				
MATISA TECHNOLOGIES LLC				
The new name must be distinguishable and contain the words "Limited Lia"	bility Company," the designation "LLC" o	r the abb	reviation	n "L.L.C."
Enter new principal offices address, if applicable:				
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enter new mailing address, it applicable:				<del></del>
Mailing address MAY BE A POST OF FICE BOX)		- 1 - 1		THE T
			$\sim$	, 25 Apr.
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If amonding the registered agent and/or registered office	address on our records enter the	0 <b>na</b> ma	of the	now rogics
	e address on our records, enter tin	e manie	or the	new regist
gone and/or the new registered office address nere.				
Name of New Registered Agent:		-		
New Registered Office Address:				
	Enter Florida street address			
	, Floric	da		
<del> </del>	City		Zip Co	ode

## 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
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fantius data if athematic	05/27/2023	,	.•		
fective date, if other the n effective date is listed, the d	date must be specific and cannot be prior	to date of filing or more than 90 days	ption after fi	ling.) Pu	rsuant to 605.02
	this block does not meet the applicant the Department of State's records.		, this d	late wil	l not be listed :
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