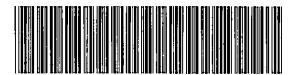
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| (Requestor's Name) |
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| Special Instructions to Filing Officer: |
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Office Use Only



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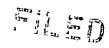
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2022 JUN 27 PH 4: 05

COVER LETTER

| TO: Registration Secti Division of Corpo | | | |
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| SUBJECT: $\overline{1e}$ | ch Builds | 116 | |
| SUBJECT: | | ted Liability Company | |
| | | | |
| The enclosed Articles of An | nendment and fee(s) are subn | nitted for filing. | |
| Please return all correspond | ence concerning this matter to | o the following: | |
| | | | |
| | Seno | Fernandez | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | | Time Company | |
| | 12550 3 | SW 35 ST | |
| | - | Address | |
| | Miami | D 22175 | |
| | 1 1011/ | City/State and Zip Code | |
| | modern (| a techbilds us | |
| • | E-mail address: (to | a) techboilds. US be used for future annual report notification | on) |
| For further information cond | cerning this matter, please ca | II: | |
| Ç ₀ ,, | Ercanalos | 761 . 757 - 660 | ic. |
| Name of Po | ternundez erson | at (<u>+86</u>) <u>25+7-850</u> Area Code — Daytime Tek | ephone Number |
| | | · | |
| | | | |
| Enclosed is a check for the t | - | | |
| ☐ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy | \$60.00 Filing Fee, Certificate of Status & |
| | Certificate of Status | (additional copy is enclosed) | Certified Copy |
| | | | (additional copy is enclosed) |
| | | · | |
| Mailing Address: | | Street Address: | |
| Registration Sec | etion | Registration Section | ı |
| Division of Cor | | Division of Corpora | ations |
| P.O. Box 6327 | 22214 | The Centre of Talla | |
| Tallahassee, FL | 32314 | 2415 N. Monroe Sti Tallahassee, FL 323 | • |

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



| Tech Build | 5 116 | 2027 JUN | 27 PM 4:05 |
|---|---|---------------------------------------|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appear liability Company) | rs on our records.) | HANS II. |
| The Articles of Organization for this Limited Liability Company | were filed on | June 8, 2023 | and assigned |
| Florida document number <u>L32000363359</u> . | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited <u>liab</u> | ility company he | e <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the d | esignation "LLC" or the ab | breviation "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 a agent and/or the new registered office address here: | address on our r | ecords, enter the nam | e of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Flor | rida street address | |
| | 171001 1 101 | | |
| | 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> | Name | Address | Type of Action |
|--------------|---------------------|-----------------|-----------------------------------|
| MGR | Sean Fernandez | 12550 SW 35 ST | ⊠ Add |
| | | Miami FL, 33175 | Remove |
| | | | ☐ Change |
| MGR_ | Francisco Fernandez | 12550 JW 35 ST | |
| | | Miami FL, 33175 | ⊠Remove |
| | | | □Change |
| | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
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| an effective ote: If the | ate, if other the date is listed, the date inserted in effective date o | date must be spe | cific and es not m | cannot be p | rior to date blicable sta | of filing or i | nore than 96 ng requirer | (option) days after the ments, this o | ling.) Pursu | ant to 605.0 of be liste | 0207 ed as |
| record spec l is filed. | cifies a delayed | effective date, | but not a | an effectiv | e time, at | 12:01 a.m | on the ear | lier of: (b) | The 90th | day after | the |
| ated | June | 16 | • | 3033 | · . | _ | | | | | |
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