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Certified Copies	Certificates	of Status
Special Instructions to Filir	a Officer:	
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

TO: Registration Sect Division of Corpo		•	*\$ ₍	~ "	•	ц
SUBJECT: 4 98	Name of Limi	ECHNOLO (ited Liability Company	GIES L	LC	,	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return all correspond	dence concerning this matter	to the following:				
For further information con	98 POWER 4393 CON DESTIN	Firm/Company MMONS Address J F2 325 City/State and Zip C DERACCT (to be used for future an	NOLOGI DR E 541 Tode WGMA	IL.·(Om		
			050	Tia.	E FE	Л
CHARLES Name of I		at (<u>678</u> Area Code	Daytime	Telephone Number	; • •	<i>.</i> -
Enclosed is a check for the	following amount:					
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy)	o <u>y</u>	Certified	te of Status d	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

98 POWER & TEC. (Name of the Limited Liability Compa (A Florida Limited)	HNOLOGIES INV as it now appears on our Liability Company)	LLC r records.)	
The Articles of Organization for this Limited Liability Company Florida document number $LZZ/200/391327$			igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.I	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)		2022 OCT 21 AH SECRETARY OF TALLAHASSE	100 mm
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records.	, enter the name of the ew	v registered
Name of New Registered Agent:			
New Registered Office Address:	Futan Elavida atra	st whitenes	
Enter Florida street address			
	City:	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	performance of my du	ties, and I am familiar with	h and

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:

MCR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	KURT R GILLETT	4393 COMMONS DR E	Add
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reffective date is listed,	the date must be specific ed in this block does n	e and cannot be prior	to date of filing or t	nore than 90 days afte	er filing.) Pursu		
	te on the Department			ng requirements, th	is dute will the	,, oc 11.51	ica a.
cord specifies a delay s filed.	yed effective date, but	not an effective t	ime, at 12:01 a.m.	on the earlier of: (b) The 90th	day afte	er the
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