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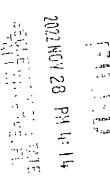
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration S Division of Co		•	•	s*	
SUBJECT: FRS Tech	nologies LLC				
		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LIUBCHENKO, MYKHA	AILO			
		Name of Person	-	_	
	FRS TECHNOLOGIES			_	
		Firm/Company			
	9441 E Baymeadows Dr			2022 NOV 28 SECRETALL	،
		Address		- CA - S	٠, ،
	Inverness FL 34450				
		City/State and Zip Code	_	-	. •
	michael.lyubchenko@forev			PARTE SETE	
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report no all:	tification)	m F	
Paul Swengler		at (813 ) 995 6260			
Name o	of Person	Area Code Daytii	me Telephone Numbe	r	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifice	ate of Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAS TECHNOLO	A: Company as it now appears on our reco	ords.)
(A Florid	a Limited Liability Company)	, , , , , , , , , , , , , , , , , , ,
The Articles of Organization for this Limited Liability C	Company were filed on 11/07/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		022 t
(Principal office address MUST BE A STREET ADD	RESS)	735 100
	<del></del>	(2) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
Enter new mailing address, if applicable:		1 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
(Mailing address MAY BE A POST OFFICE BOX)		1 TA1 4 TO
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	1	Florida
	City	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>	<u>Name</u>	Address	Type of Action
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		Inverness FL 34450	□Remove
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n effective date	if other than is listed, the dat	e must be spec	itic and ca	mnot be pri	or to date	of filing c	r more tha	n 90 days	after fili	ng.) Purs	uant to 60	05.0207
<u>ire:</u> 11 the date	e inserted in th ctive date on t	us block doc	s not med	et the appl	licable st	ntutory f	iling requ	iirements	, this da	ate will i	not be li	sted as
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ecord specifie:	s a delayed eff	ective date. I	out not ar	ı effective	time, at	12:01 a	m on the	earlier o	f: (b)	The 901	h day af	ier the
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