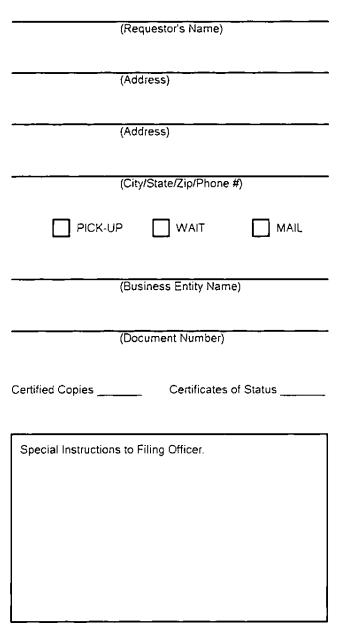
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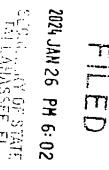






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## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
|  | TECHONOLGIES LLC                             |   |  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  | MIGUEL PUCCIO                                |   |  |
|  |  | Name of Person  | <del>.</del>   |
|  | MARTINO TECHONOLO                            | HES LLC   |  |
|  |  | Firm/Company  |  |
|  | 13444 GRAN BAY PKW                           | Y APT 615   |  |
|  |  | Address   | <del>-</del>   |
|  | JACKSONVILLE, FL. 32.                        | 258   |  |
|  | -  | City/State and Zip Code   | <del></del>  |
|  | puccio.miguelangel@outloc                    |   |  |
|  |  | to be used for future annual report not                                   | ification)   |
| For further information c              | concerning this matter, please ca            | all:  |  |
| MIGUEL PUCCIO                          |  | 904 649-0300<br>at ()   |  |
| Name o                                 | of Person                                    | Area Code Daytin  | ne Telephone Number  |
| Enclosed is a check for t              | he following amount:                         |   |  |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration            |  | <u>Street Address:</u><br>Registration Se                                 | ection   |
| Division of C                          | Corporations                                 | Division of Co  | rporations   |
| P.O. Box 632                           | 27   | The Centre of   | Tallahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MARTINO TECHONOLGIES LLC   |  |                                  |
|--|--|----------------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida I   | Company as it now appears on our recommed Liability Company) | ords.)                           |
| he Articles of Organization for this Limited Liability Co  | mpany were filed on 01/23/2023                               | and assigned                     |
| Torida document number 1.23000042710   | <u>.</u>   |                                  |
| This amendment is submitted to amend the following:  |  |                                  |
| a. If amending name, enter the new name of the limit   | ed liability company here:                                   |                                  |
| MARTINO TECHNOLOGIES LLC   |  |                                  |
| he new name must be distinguishable and contain the words "Limite  | ed Liability Company," the designation "L                    | LC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable:  |  | <b>~</b>                         |
| Principal office address MUST BE A STREET ADDRI  | ESS)   | \$5.00<br>TA                     |
|  |  |                                  |
|  |  | 26                               |
|  |  | SSC -0 11                        |
| nter new mailing address, if applicable:   |  |                                  |
| Mailing address MAY BE A POST OFFICE BOX)  | ,155   |                                  |
|  |  | <u> </u>                         |
| Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or registered gent and/or the new registered office address here: | office address on our records, <u>ent</u>                    | ter the name of the new re       |
| Name of New Registered Agent:  |  |                                  |
| New Registered Office Address:   |  |                                  |
|  | Enter Florida street ada                                     | lress                            |
|  |  | 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 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 |
|--------------|----------------|------------------------|----------------|
| MGR          | PUCCIO, MIGUEL | 13444 GRAN BAY PKWY    | 🗆 Add          |
|              |                | APT 615                |                |
|              |                | JACKSONVILLE, FL 32258 |                |
|              |                |                        |                |
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| effectiv<br><u>te:</u> If t | date, if other the<br>we date is listed, the d<br>he date inserted in<br>'s effective date on | ate must be specif<br>this block does | ic and cannot b<br>not meet the       | applicable statuti   | ling or more than 9                    | (optional)<br>0 days after filing.)<br>ments, this date v | Pursuant to 605.026<br>will not be listed a |
| cord sp<br>s filed.         | occifies a delayed e  | effective date, bu                    | it not an effec                       | etive time, at 12:0  | I a.m. on the ea                       | rlier of: (b) The   | 90th day after the                          |
| azd.                        | January   | 27                                    |                                       | 124                  |  |   |   |
| cu                          | Junionia  | <u></u>                               | 61                                    | b As                 |  |   |   |
|                             |   | <u> </u>                              |                                       | II rung              |  | <u> </u>  |   |
|                             |   | Signature                             | of a member of                        | or atthorized repres | sentative of a men                     | iber  |   |
|                             |   | <b>1</b>                              | _/ /                                  | \ / •                | · //                                   | /   |   |

Filing Fee: \$25.00