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COVER LETTER

-	istration Section ision of Corpor					
SURIFCT:	Tec	in Ac	knasle	dge LLC. ed Liability Company		
bebazer.			Name of Limit	ed Liability Company		
The enclosed	l Articles of Arr	nendment and f	ee(s) are subn	nitted for filing.		
Please return	all corresponde	ence concerning	g this matter t	o the following:		
			Harold	GONZALOZ Name of Person		
				AC ICHOWIE		
				Address		
				Address		
			Orlar	clo FL 35 City/State and Zip Cod	1835	<u>.</u>
	-	E-r		City state and Zip Cod 55 Q G mo 5 be used for future annu-		
For further in	nformation conc				·	
	Adrian	ici t-anza	le2	at (<u>347</u>) Area Code	261-504	7
	Name of Pe	erson		Area Code	Daytime 1	elepnone Number
Enclosed is a	check for the f	ollowing amou	nt:			
525.00 F	filing Fee	☑ \$30.00 Filin Certificate		□ \$55.00 Filing Fee Certified Copy (additional copy is e		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Address: gistration Sec	etion			Address: tration Section	on
	vision of Com				on of Corpo	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tech AC Kno	where LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 23 0000 G 2611</u> This amendment is submitted to amend the following:		21 2023 and assigned
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 Liabil	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Tech Ac 7844-Sci Orlynda	-1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		H =: 5
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records	, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
		. 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>	<u>Address</u>	Type of Action
MGR	Harold Gunzalez	7849 Saint Andrews (reletended
		Orlando, FL 32835	□Remove
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			Change
			□ Add
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			☐ Change
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	*	Adding	addit	ional	Hanager
		MER	Harold	Con	Manager zalez
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etive date, if other than the date of filing effective date is listed, the date must be specific and: If the date inserted in this block does not rement's effective date on the Department of S	s cannot be neet the ap	prior to date of fills pplicable statutor	ng or more than 90	(optio days after t nents, this	iling.) Pursuant to 605.0
ord specifies a delayed effective date, but not filed.	an effecti	ve time, at 12:0	a.m. on the ear	lier of: (b)	The 90th day after
Joseph	202	23.			
1 3 30 m	` 				