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Office Use Only



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COVER LETTER

Div	ision of Corp	oorations					
SUBJECT:	TechKoy's L						
SUBJECT.	Name of Limited Liability Company						
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		Rebecca McLeary					
			Name of Person				
			Firm/Company				
	8010 NW 96th Terr, Apt 208						
	Address						
		Tamarac FL. 33321					
City/State and Zip Code							
	techkoylogistics@gmail.com						
		E-mail address: (to be used for future annual	report notification)			
For further i	nformation co	oncerning this matter, please ca	all:				
Rebecca Mo	Leary		954 64. at ()	3-3484			
Name of Person			Area Code	Daytime Telepho	ne Number	_ 	
					*		12 , 3
Enclosed is	a check for th	e following amount:			ı	5	
\$25.00	Filing Fce	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is end		\$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	

Registration Section

TO:

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

TechKoy's LLC				
(Name of the Lim	nited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) y Company)		
ne Articles of Organization for this Limited	· · · · · ·	filed on 02/23/2023	and ass	igned
orida document number L23000105229	 .			
ais amendment is submitted to amend the following	llowing:			
If amending name, enter the new name	of the limited liability c	ompany here:		
e new name must be distinguishable and contain the	words "Limited Liability Co	mpany," the designation "LLC" or	the abbreviation "L.	IC."
nter new principal offices address, if appli	icable:			
Principal office address MUST BE A STRE	ET ADDRESS)			
nter new mailing address, if applicable:				
<u> Aailing address MAY BE A POST OFFICE</u>	E BOX)			
. If amending the registered agent and/or tent and/or the new registered office addrage.		ss on our records, <u>enter the</u>	name of the nev	v regis
ent and/or the new registered office addr	ess nere.			
Name of New Registered Agent:	Rebecca McLeary		1 1	
New Registered Office Address:	8010 NW 96th Terr, a	Apt 208	·	-
		Enter Florida street address	1 3	*
	Tamarac	, Floric	da 33321	
		lity	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.

f 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	Kamaal McKoy	8010 NW 96th Terr, Apt 208	≣Add
		Tamarac FL 33321	[]Remove
			□Change
MGR	Rebecca McLeary	8010 NW 96th Terr, Apt 208	
		Tamara FL 33321	Remove
			Change
			□Remove
		<u></u>	Change
			DAdd **
			Remove
	. <u>-3.</u> .		Change
·			□Add
			□Remove
			Change
			□ Add
		<u> </u>	□Remove
			□Change