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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 : (844)449-3624 Phone Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| E=~41 | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TTABS LLC

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COVER LETTER

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| TO: | | istration Sc Ision of Cei | | | · • • | |
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| 51.5.45 | A. 181 | TTABS LL | | | | |
| SUBJECT: | | <u></u> | Name of Limited Liability Company | | | |
| The enc | elosed | Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please r | etum | all correspo | indence concerning this matter | to the following: | | |
| | | | Diego Cruz | | | |
| | | | | Name of Person | | |
| | | | ZenBusiness INC | | | |
| | | | | Firm/Company | | |
| | | | 336 E. College Ave Suite . | 901 | | |
| | | | | Address | | |
| | | | Tallahassee, FL 32301 | | | |
| | | | | City/State and Zip Code | ···· | |
| | | | fulfillment@zenbusiness.co | m to be used for future annual report notific | indir | |
| For furt | her in | iformation c | oncerning this matter, please c | | | |
| c/o Zer | nHusi | ness INC | | 844 493-6249 | | |
| | | Name o | f Person | at () | Telephone Number | |
| Enclose | d is a | check for th | ne following amount: | | | |
| ≣ \$25 | 5.00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 560.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| | Reg Div P.O | lingAddres gistration 5 ision of C Box 632 lahassee, I | Section orporations 7 | StreetAddress: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Taflahassee, FL.3 | orations Hahassee Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H24000157769 3

| TTABS LLC | | |
|--|--|--|
| (Same of the Limited Liability C (A Florida Lin | ompany as it now appears on our records.) nucd Liability Company) | |
| The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000259505</u> | pany were filed on 2023-05-26 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | liability company here: | |
| TechTab LLC | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRES. | <u>(S)</u> | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: | fice address on our records, <u>enter the m</u> | |
| | | 207 |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | | |
| | Enter Florida street address | 0 11- |
| | | Zip Cudu |
| No. D. d. and the D. Chantana Wakanaina Basinesand Ass | City | zip Chiqis (~) |
| New Registered Agent's Signature, if changing Registered Registere | | <u>t</u> _ |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | olete performance of my duties, and I or t as provided for in Chapter 605, F.S. C | n familiar with and br, if this document is |
| If | Changing Registered Agent, Signature of New | Registered Agent |

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Page: 4 of 5

Page: 4 of 5 2024-05-01 10:38:01 UTC+14 18506176383 From: ZenBusiness User 124000157769.3

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 = AMBR = | Manager Authorized | Member |
|-----------------|-----------------------|--------|
| Title | Name | |

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
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To:

| D. If amending any other infor | nation, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If the date inserted in this | he date of filing: |
| tithe record specifies a delayed effect record is filed | tive date, but not an effective time, at 12:01 a.m. on the earlier of; (b). The 90th day after the |
| Dated | 2024 |
| /s/ Brandon Dan | iel James 🖟 |
| 4 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 | Signature of a member or authorized representative of a member |
| Brandon Daniel Jamo | |
| | Typed or printed name of signee |

Filing Fee: \$25.00