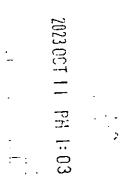
L23000417168

(Requestor's Name)
(Address)
(Addiess)
(Address)
(6) (6) (7)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.



400417060414

10/11/23--01028--013 **25.00



Office Use Only

C/ 10/19/2023

COVER LETTER

TO: Registration So Division of Cor					
SUBJECT: DIL	TOUCH MOONIN	a solution LLC			
30BJEC1. <u>(22/04</u>	Name of Lim	iled Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Name of Person	 		
	the Touch cl	LANGE SOLUTION Firm/Jompany	LLC		
	13737 SW 15	Address			
	Milmi, F1 39	City/State and Zip Code			
	INFO Q 1 TOUCK CL E-mail address: (MULLIA DIF to be used to future annual report not	ification)		
For further information c	oncerning this matter, please ca	ail:			
Tel Lem		ar (<u>315)</u> 341-	6053		
Naghe o	i Person	Area Code Daytir	ne Telephone Number		
Enclosed is a check for the	ne following amount:				
\$25,00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S	 -	Street Address: Registration Se	ection		
Division of C	orporations	Division of Corporations			
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ONE TOUCH CLIA	ally solution ILC 2023 OCT 11 PH 1:03
syame of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>L3900041710</u>	ability Company were filed on 917 1835 and assigned
This amendment is submitted to amend the following	owing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>enter the name of the new registered</u> ss here:
Name of New Registered Agent:	
New Registered Office Address:	137 47 S.W. 159 M. St. Enter Florida street address
	Millimi Florida 39177 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
			⊐Remove
			□Change
			□Rепюve
			⊐Clange
			⊡Add
			□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□
			□ Change
		-	□Remove
			☐ ☐ Change
			⊡Add
			□Remove
			☐Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change

	1:11-11	1.611	manalidi	Or the	, boaint	NACI	aanut'A	addreps.
• .	- <u>li[t] -</u>	MILI		y me	MATHI	1/LCI	uyen 1 p	UUUKIPD.
			· · · · · · · · · · · · · · · · · · ·		<u>-</u> -			
		<u> </u>						
		<u>. </u>			<u> </u>			
					·-·	<u> </u>	<u>. </u>	
								
			<u> </u>			 -		
								
			<u> </u>		····		,	
								
		· · · · · · · · · · · · · · · · · · ·	·			······································		
Cffor	ctive deta if	other then	the date of filin	a.			(optiona	J.
f an c Note	effective date is : If the date i	listed, the date uscrted in thi	must be specific and	I cannot be pri neet the app	licable statutory l		ın 90 days after fili	ng.) Pursuant to 605.0207 ite will not be listed as
	ord specifies a filed.	delayed effe	ective date, but not	an effective	time, at 12:01 a	.m. on the	earlier of: (b)	The 90th day after the
ated	d Of	}		. 2023	·			
			Signature of a	member or all	thorized represents	itive of a n	nember	
			_ TDI (^				
			4 11 4) ! <i>!/</i> L /	1 '1			