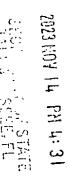
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(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

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	stration Section sion of Corporations	
SUBJECT: _	TECHNOLO-G LLC	
_	Name of Limited Liability Company	
The enclosed A	Articles of Amendment and fee(s) are submitted for filing.	
Please return a	all correspondence concerning this matter to the following:	
	Jorge Gonzalez-Corona	
	Name of Person	
	JM Gonzalez Law, LLC	
	Firm/Company	
	2645 Executive Park Drive, #526	
	Address	
	Weston, FL 33331	
	City/State and Zip Code	
	jorge@jmgonzalezlaw.com	101
For further inte	E-mail address: (to be used for future annual report notification)  ormation concerning this matter, please call:	AON EZOS
Jorge Gonzale	ez-Corona 954 4455453 at ( )	
	Name of Person Area Code Daytime Telephone Number	PH I: 31
Enclosed is a c	check for the following amount:	
□ \$25.00 Fill	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECHNOLO-GILLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/02/2023 \_\_ and assigned Florida document number 1.23000500178 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

### 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.

Circ

\_. Florida

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

Title	Name	<u>Address</u>	Type of Action
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Effective date, if other than the differentiate date is listed, the date must be Notes. If the date is in a different list the date is a second in the list.	ate of filing:			(optional	) <del>[</del>	2
Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the	applicable statut	iling or more than 90 ory filing requirer	) days after filing nents, this date	t.) Pursuant t 2 will not b	o 605,0207 e listed as
record specifies a delayed effective of d is filed.	late, but not an effe	ctive time, at 12:	01 a.m. on the ear	lier of: (b) Tl	he 90th day	after the
Dated November 11	2023					
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Filing Fee: \$25.00