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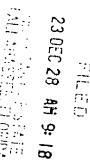
(R	equestor's Name)
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PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	JAN 2 2 2024

Office Use Only



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COVER LETTER

TO:	Registration Division of	Corporations
SUBJE		BYTE LLC
3000.	.c	Name of Limited Liability Company
		∵. :
The end	closed Articles	s of Amendment and fee(s) are submitted for filing.
Please i	return all corre	espondence concerning this matter to the following:
		MOHAMMAD SHEIKH
		Name of Person
		OSLO CORPORATION LLC
		Firm/Company
		11444 HIBBS GROVE DR
		Address
		COOPER CITY, FL 33330
		City/State and Zip Code
		zaindd1@gmail.com E-mail address: (to be used for future annual report notification)
For fur	ther information	on concerning this matter, please call:
МОНА	MMAD SHE	at ()
	Nar	me of Person Area Code Daytime Telephone Number
Enclose	ed is a check f	for the following amount:
□ S2:	5.00 Filing Fe	The state of Status

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 ARTICLES OF ORGANIZATION OF

230EC 28 44 9.17 (Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on 11/06/2023 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TECHNOLOJEEVES 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 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:

OSLOBYTE LLC

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.

City

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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tive date, if other than the date of filing feetive date is listed, the date must be specific and	cannot be prior to date of	filing or more than 90 days after	nal) filing.) Pursuant to 605.0
If the date inserted in this block does not ment's effective date on the Department of S	neet the applicable stat	utory filing requirements, this	date will not be liste
ment's effective date on the Department of S	tate's records.		
ord specifies a delayed effective date, but not	an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after
filed.			,
054-10/9-/	2023		
12/20/2023.	2023		
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Typed or printed name of signee