Division of Corporations

11/20/23, 1:21 PM

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

Fax Number

: (307)200-2803 : (813)436-5206



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

E mail	Address:					

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 770 TECHNOLOGIES LLC

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K. SALY

Fax; 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Agents Inc

FILED

2023 HOV 20 PM 4:00

FALLAHASSET FLORIDA

770 TECHNOLOGIES LLC

(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 $\frac{11/06/23}{1}$ ____ and assigned 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 "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 _, Florida <u>___</u>

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.

11/20/2023 10:25:10 PST

To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

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	<u>Name</u>	Address	Type of Action		
AMBR	WIZMAN, MIKHAL ALIA	7901 4TH ST N STE 300	_ 🗹 Add		
		ST. PETERSBURG, FL 33702	_ □Remove		
			_ DChange		
AMBR	ALTIT, ALAIN	7901 4TH ST N STE 300	_ ZAdd		
		ST. PETERSBURG, FL 33702	_ □Remove		
			_ Change		
		ALLAHASSEH FLÜRID?	PAdd Padd		
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			Change		
			_ □Add		
			_ □Remove		
			_ 🗆 Change		

Nat Smith

From: Registered Agents Inc.

Fax: 8134365206

Typed or printed name of signee