23 Palorida Department of State Presision of Corporations Electronic Filling Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

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Electronic Filing Menu

Corporate Filing Menu

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K. SALY

DEC - 4 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PILED

2028 DEC - 1 PH 4: 20

ALLAMASSEE FLOSIO

Teckrez, LLC		" SSEN 1- 2121 -
(Name of the Lir	nited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on	November 29, 2023 and assigned
Florida document number L23000527338	·	<u> </u>
This amendment is submitted to amend the fo	ollowing:	
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 appl	icable:	
Principal office address MUST BE A STRE	ET_ADDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICI	<u> </u>	
 If amending the registered agent and/or gent and/or the new registered office addr 	registered office address on our ess here:	records, enter the name of the new registere
Name of New Registered Agent:	Corporate Creations Network	Inc.
New Registered Office Address:	801 US Highway 1	
		rida street address
	North Palm Beach	. Florida
	City	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

_ DChange

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
AMBR	HH-Teckrez Acquisition, Inc.	4855 Technology Way, Suite 500	B Add
		Boca Raton, Florida 33431	□Remove
			□Change
AMBR	Jackhardt Holding Company, Inc.	435 Southpoint Blvd., Suite 120	□Add
		Jacksonville, Florida 32216	Remove
			□Change
			□Add
			Remove All Sol Dichardee
			PA L
			□Change
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			□Remove

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record specifies	a delayed effec	tive date, bu	it not an effect	tive time, at 12:0	01 a.m. on the earlie	er of:
The 90th day afte	er the record is	filed.		·		
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