

L23 000540 940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

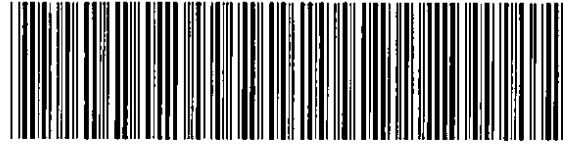
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/29/24--01029--012 **25.00

2024 OCT 29 AM 9:28

Chad Marino

TechCost Solutions

1314 E Las Olas Blvd, Suite 2575

Ft Lauderdale, FL 33301

917-690-0515

chad@techcostsolutions.com

24th October 2024

Florida Department of State

P.O. Box 6327

Tallahassee, FL 32314

To whom it may concern

I am writing this letter and including a filing fee for the change of address on the Registered Agent Name & Address as well as the address on the Authorized Person Detail.

The address should be:

1314 E Las Olas Blvd, Suite 2575

Ft Lauderdale, FL 33301

Thank you

Chad Marino

A handwritten signature in black ink, appearing to read 'Chad Marino', with a stylized flourish at the end.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TechCost Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Chad Marino
Name of Person

TechCost Solutions LLC
Firm/Company

1314 E Las Olas Blvd, Suite 2575
Address

Ft Lauderdale, FL 33301
City/State and Zip Code

info@techcostsolutions.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chad Marino 917 690-0515
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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
TO
ARTICLES OF ORGANIZATION
OF**

TechCost Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023-07-29 11:28

The Articles of Organization for this Limited Liability Company were filed on 12/06/2023 and assigned FILE
Florida document number W23000162902

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)

1314 E Las Olas Blvd

Suite 2575

Ft Lauderdale, FL 33301

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:

1314 E Las Olas Blvd, Suite 2575

Enter Florida street address

Fort Lauderdale


City

Florida 33301

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/21/24

[Handwritten signature]

Signature of a member or authorized representative of a member

Chgt Mar-100

Typed or printed name of signee