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COVER LETTER

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CUDIE		eknomedica	LLC				
SUBJE	C1: _		Name of Lin	nited Liability Company	•		
The encl	losed A	rticles of A	mendment and fee(s) are sub	omitted for filing.			
Please re	eturn al	l correspond	lence concerning this matter	to the following:			
			Benjamin Marte				
				Name of Person			
			Teknowmedica LLC				
				Firm/Company			-~)
			234 Creek Water Circle				· · · · · · · · · · · · · · · · · · ·
				Address			
			Tampa, Fl 33615				
			benmarte@gmail.com	City/State and Zip Code			
			E-mail address: (to be used for future annual	report notification	1)	•••
For furth	er info	rmation con	cerning this matter, please c	all:			
Benjam	in Mar	c		551 48	2-2807		
		Name of P	erson	Area Code	Daytime Telep	phone Number	•
Enclosed	l is a ch	eck for the	following amount:				
■ \$2 5.	00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is o	atus &

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

Teknomedica LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
(Tribital Silloni, Sonipacy)	
e Articles of Organization for this Limited Liability Company were filed on	04/2024 and assigned
	and assigned
orida document number L24000011924	
is amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company he	<u>ere</u> :
sknowmedica LLC	
e new name must be distinguishable and contain the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
ter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	
	• •
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	
uning uniness may be a foot of the boar	
If amending the registered agent and/or registered office address on our re	ecords, <u>enter the name of the new registe</u> r
ent and/or the new registered office address here:	
Name of New Projectored Agents	
Name of New Registered Agent:	
New Registered Office Address:	
	rida street address
City	, Florida Zin Code
1 1/1/	ZID UOGE

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

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
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			□Remove
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