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### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
SUBJECT: SCLON	Tech LLC		
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Adan Boca	Mame of Person	<del> </del>
		Firm/Company	
	5470 16th P	PI SW 477 107  Address	<u>.</u>
	Naples, FL	34116 City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	
Adom Poc Name of	CONTESTED VI	at (239) 537- Area Code Daytim	e Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C P.O. Box 632	orporations	Division of Cor The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	.LC		···	<del></del>	
(Name of the Limited	I Liability Company as Florida Limited Liabil	it now appears on our lity Company)	records.)		
The Articles of Organization for this Limited Lia		e filed on <u>©2/(</u>	4/2024	and assigned	l
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability	company here:			
ABJ Construction L	LC				
The new name must be distinguishable and contain the wor	rds "Limited Liability C	ompany," the designation	n "LLC" or the abbrev	riation "L.L.C."	
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)		<del></del>		
	_	···-	<u>.                                    </u>	202 <mark>1</mark>	
				2024 O.C.	i il
Enter new mailing address, if applicable:	_			<del></del> 1	<del></del>
(Mailing address MAY BE A POST OFFICE B	<u>ox</u> ) _			_ <del>-</del>	
				افتيار 1 - ش مختب محتب	<u> </u>
	_		<del></del>	<del></del>	کنتهٔ ۱
B. If amending the registered agent and/or regard and/or the new registered office address		ress on our records,	enter the name o	f the new reg	<u>istered</u>
Name of New Registered Agent:				<del></del>	
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·		
		Enter Florida street	address		
		<del></del>	, Florida	<u></u>	
		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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed	Troni dai records.		
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: If	e date, if other than the date of filing:	605.0207 isted as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear noth day after the record is filed.	rlier o
ated 💆	september 23, 2024.	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00