LA40000 80258

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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: YOW	A Tech	LL C		. .
	Name of Limi	ted Liability Company		
The enclosed Articles of	Amendment and fec(s) are sub	nitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Waleska	Quevedo Name of Person	Ferr	nandes
	Yowa Te			
	4664 Senai	• •	nt	
	Lakeland/f			
	waleskagterr E-mail address: (1			cation)
For further information c	concerning this matter, please ca	ıll:		
Waleska	Fernandes	at (401)	534	2661
Name (of Person	Area Code	Daytime	Telephone Number
Enclosed is a check for t	he following amount:			
□ \$25,00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is en		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Division The Co 2415 N	ration Secton of Corp entre of Ta	orations Illahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECH LLC

NOWA

company has been notified in writing of this change.

(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L2400090258</u>	company were filed on 02/14/2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR)	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	-
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	d 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

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being addor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Waleska Q Fernanders	4664 Senander Crescent -	≰∧dd
		Lakeland-33810-Florida	□Remove
			□Change
AMBR	Waleska Q Fernandes	4664 Jenander Crescent -	X /dd
		Lakedand - 33810 - Florida	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove ;
			□Change
			□Add
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fective date	if other than the	e date of filin	o:			(optional)	
ote: If the da	, if other than the e is listed, the date mu ite inserted in this b ective date on the U	lock does not r	neet the applica	able statutory fil	more than 90 day	's after filing.) Pu	rsuant to 605,020 I not be listed a
record specifi Lis filed.	es a delayed effectiv	ve date, but not	Lan effective fi	me, at 12:01 a.n	n, on the earlier	of: (b) The 9	0th day after th
_	<u>ril 10</u>		. 2024	orized representati			
ated Apr							
ated <u>Ap</u> 1		Signature of a	do. member or autho	orized representati	ve of a member		 -