11/24/24, 12:33 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| To:  Division of Corporations  Fav. Number (250)517-5393 | To:  Division of Corporations  Fax Number : (850)617-6383 |       | Doing so will gen | erate another cover sheet. | 262           |
|--|---|-------|-------------------|----------------------------|---------------|
|  | From:  Account Name 1.6GA1.700M COM TNC                   | То:   | •                 |                            |               |
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TECKABILITYLLC

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| Estimated Charge      | \$55,00 |

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Help

# **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |   |  |  |
|-----------|------------------------------------|---|--|--|
| SUBJEC    | тескаві                            |   |  |  |
| ŞI, DJFA  |                                    | Name of Lim                                     | ited Liability Company   |  |
|           |                                    | Amendment and fee(s) are sub                    |  |  |
|           | un verrespe                        | Mike Town                                       | to the rono mag.   |  |
|           |                                    |   | Name of Person   |  |
|           |                                    | Legalzoom.com, Inc.                             |  |  |
|           |                                    |   | Firm Company   |  |
|           |                                    | 9900 Spectrum Dr                                |  |  |
|           |                                    |   | Address  | ***************************************  |
|           |                                    | Austin, TX 78717                                |  |  |
|           |                                    | alvaro storbeck@gmail corr                      | City/State and Zip Code  |  |
|           |                                    | E-mail address (                                | o be used for future annual report notal                         | ication)   |
| For furth | ner information c                  | oncerning this matter, please or                | sil  |  |
| Mike To   | านท                                |   | 800 773-9888<br>at ( )   |  |
|           | Name o                             | t Person  | at ()<br>Area (Jode — Daytime                                    | Telephone Number   |
| Enclosed  | fis a check for t                  | he fallowing amount                             |  |  |
| □ \$25)   | 00 Filing Fee                      | ☐ \$30.00 Filing Fee &<br>Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
|           | MAIL                               | ING ADDRESS:                                    | STREET/COURI   | ER ADDRESS:  |

Registration Section Division of Corporations P.O. Box 6327 Talluhassee, FL 32314 Registration Section Division of Corporations Cliften Building 2061 Executive Center Circle Tallahassee, FL 32301 To: • Page: 44 of 51 2024-11-24 15:02:00 PST 13236068205 From: Rajiv Srivestave

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PECKABILITY LLC  |   | <u></u>  |
|--|---|--|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L  | inbility Company)                       |  |
| The Articles of Organization for this Limited Liability Company vi<br>Florida document number 1.24600260077              | were filed on (96/07/2024               | and assigned                                     |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liabi   | lity company here:                      |  |
| TechAbility LLC  |   |  |
| The new name must be distinguishable and comain the words "Limited Liabili   | ty Company," the designation "LLC" or t | he abbreviation <sup>1</sup> L.L.C. <sup>3</sup> |
| Enter new principal offices address, if applicable:  |   | <u>02</u>  |
| (Principal office address MUST BE A STREET ADDRESS)  |   | []<br>[]   |
|  |   | <u> </u>   |
|  |   | 25   |
| Enter new mailing address, if applicable:  |   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | <u> </u>   |
|  |   |  |
|  |   | 7  |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here |   | iter the name of the n                           |
|  |   |  |
| Name of New Registered Agent:  |   |  |
| New Registered Office Address:   |   |  |
|  | Enter Florida street address            |  |
|  | , Florid                                | a  |
|  | City                                    | Zip Cock   |

### 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 | Membei |

To:

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------|---------|----------------|
|              |      |         |                |
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| •        |       | Page; 46 of 51                                    | 2024-11-24 15.02:00 PST  | 13236068205  | From: Rajiv Srivastav |
|----------|-------|---|--|--|-----------------------|
| D. If    | ame   | ending any other inform                           | ation, enter change(s) here: (Attoch cick  | litional sheets, if necessary.)  |                       |
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| E. Ef    | ffect | ive date, if other than the                       | e date of filing:  st be specific and cannot be prior to date of filing o                              | (optional)   | 445 (1303 - 394)      |
| <u>N</u> | ole:  | If the date inserted in this b                    | lock does not meet the applicable statutory to paint the statutory to be sufficient of State's records | iling requirements, this date will not b                                   | e listed as the       |
|          |       | cord specifies a delaye<br>90th day after the rec | d effective date, but not an effectiv<br>tord is filed.  | e time, at 12:01 a.m. on the e   | earlier of:           |
| Da       | ated  | 11/24/2024  |  |  |                       |
|          |       | /S/ Eduardo A                                     | Ivaro Storbeck   |  |                       |
|          |       |   | Signature of a member or authorized representa   | tive of a member   | _                     |
|          |       | Eduardo Alvaro Storbe                             |  |  | _                     |
|          |       |   | Typed or printed name of signe   | e  |                       |

To:

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