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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

\*\*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 ITTECHSUPPORT LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

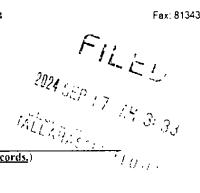
SEP-1-8-2024-

Electronic Filing Menu Corporate Filing Menu

Help

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



## ITTECHSUPPORT LLC

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

The Articles of Organization for this Limited Liability Company	were filed on 06/10/24 and assigned
Florida document number L24000264644	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chan	nging Registered Agent, Signature of New Registered Agent

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

Fax: 8134365206

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Reid, Trevor	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□Remove
			☐ Change
			DAdd
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9/17/2024 12:54:09 PDT

Fax: 8134365206

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Effective date, if other than the date (If an effective date is listed, the date must be spe	of filing:	(tiling or more than 90 days a	ptional) for filing ) Pursuant to 605 0207 (3)
Note: If the date inserted in this block de document's effective date on the Departm	es not meet the applicable stati	atory filing requirements.	this date will not be listed as the
he record specifies a delayed effective date, ord is filed.	but not an effective time, at 11	2:01 a.m. on the earlier of	(b) The 90th day after the
Dated September 17th	. 2024		
Dated September 17th Signat	Reliev in	(L 1)	
Signal	ure of a member or authorized ren	resentative of a member	<del></del>

Typed or printed name of signee