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From:

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Account Name : FORLER WHITE BURNETT P.A.

Account Number : 671250061312 : (305)789-9200 Phone Fax Number : (786)437-4609

> **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: AESANCHEZ@FOWLER-WHITE.COM

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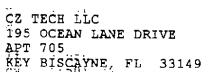
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11: Sommer. ຼື້ມູນe 19, 2024



SUBJECT: CZ TECH LLC REF: L24000268842



FLORIDA DEPARTMENT OF STATE Division of Corporations

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Karen A Saly Regulatory Specialist II

Jui

FAX Aud. #: H24000211716 Letter Number: 924A00013388

P.O BOX 6327 - Tallahassee, Florida 32314

Audit No. H24000211716 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CZ TEC	H LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appear aability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	06/12/2024	and assigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de	signation "LLC" or the abbi-	eviation "L.L.C."
Enter new principal offices address, if applicable:	155 OCEA	N LANE DRIVE, AP	T 705
(Principal office address MUST BE A STREET ADDRESS)	KEY BISC.	AYNE , FL 33149	
	455.005.4	NI ANE DONE A	T 705
Enter new mailing address, if applicable:		N LANE DRIVE, AP	71 705
(Mailing address MAY BE A POST OFFICE BOX)	KEY BISCA	AYNE, FL 33149	5
ne. con		<u>, ,</u>	
	iddress on our re	cords, enter the name	
		T	AH 6
Name of New Registered Agent:			- =
New Registered Office Address:			
	Enter Flori	ida street address	0
		Florida	
	Cin		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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:

Audit No. H24000211716 3

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
: : <u>:</u>			□ Change
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••••••	PDATE CURRENT ADDRESS OF LAURA ABISAMBRA (MGR) TO THE
FO	DLLOWING ADDRESS:
15	5 OCEAN LANE DRIVE, APT 705
KE	EY BISCAYNE, FL 33149
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