## L24000387000

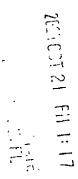
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	TECCON	COMPANY LLC		
0000000		Name of Lim	ited Liability Company	<del></del>
The enclosed	d Anticles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	endence concerning this matter	to the following:	
		PEDRO ANDRADE		
		<u> </u>	Name of Person	<del></del>
		TECMEING LLC		
			Firm/Company	
		1820 NORT CORPORA	TE LAKES Blvd suite 206 7	
			Address	
		Weston, FL 33326		
			City/State and Zip Code	<del></del>
		admin@inksolutionsusa.d		
			to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please c	all:	
PEDRO AN	IDRADE		305 6807991 at ( )	
	Name o	f Person		me Telephone Number
Enclosed is a	a check for tl	ne following amount:		
<b>■ \$</b> 25.00 F	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)
Rep Div P.C	iling Address gistration S vision of C D. Box 632 Ilahassee, I	Section Corporations 17	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECCON COMPANY LLC

(Name of the Limited I	Liability Company as it now appears of Florida Limited Liability Company)	n our records.) 03. 21 Pi 1: 17
The Articles of Organization for this Limited Liabi Florida document number L24000387000	ility Company were filed on Sept	and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here	
FECMEING LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address h  Name of New Registered Agent:  New Registered Office Address:		rds, enter the name of the new registere
New Registered Office Address.	Enter Florida	street address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	
hereby accept the appointment as registered a		
provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reguentary has been notified in writing of this characters.	and complete performance of my red agent as provided for in Cha istered office address, I hereby o	duties, and I am familiar with and pter 605, F.S. Or, if this document is

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 Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROSA CHIPANA	<del></del>	_ 🗆 Add
			_ □Remove
		1820 NORT CORPORATE LAKES Blvd suite 206	6 _ ■Change
MGR	SERGIO NOLASCO		_ □Add
			_ □Remove
		1820 NORT CORPORATE LAKES Blvd suite 206	6 _ <b>≡</b> Change
			_ 🗆 Add
			_ □Remove
			_ □Change
			_ 🗆 Add
			_ Remove
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			_ Change
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			_ □Remove
			_ Change

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