## L06000031760

(Requestor's Name)
(Address)
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(Document Number)
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## **COVER LETTER**

TO:

Registration Section

1717 151011	or Corpor	ations				
	hni-Pro Ins	titute LLC.				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed Arti	cles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all c	orresponde	ence concerning this matter	to the following:			
		Gilbert Hyppolite				
		1	Name of Person	-		
		Techni-Pro Institute LLC.				
			Firm/Company			
		414 nw 35st				
			Address		<del></del>	
		Boca Raton FL 33431				
			City/State and Zip Code			2023 13
	-	Gilbert@technipro.com	to be used for future annual			·
Can fouth and inform				герогі пописацов)		13
		erning this matter, please ca				F;112:
Gilbert Hyppolite			at ()	)8111		: 2:
	Name of Pe	rson	Area Code	Daytime Telepho	one Number	14 2
Enclosed is a chec	ck for the f	ollowing amount:				
□ \$25.00 Filing	: Fee	■ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enc		Certified (	of Status &
	Address: ation Sec	tion	<u>Street Ac</u> Registra	Idress: ation Section		
Divisio	on of Corp ox 6327		Division	n of Corporationtre of Tallahas		
	issee, FL	32314		ntre of Tatianas . Monroe Street		0

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Techni-Pro Institute LLC.		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited 1		nsigned and assigned
Florida document number L06000031760		
his amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company he	r <u>e</u> :
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	207	
Principal office address MUST BE A STRE	203	
	·····	
		<b>-</b>
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE		
		tii 10
B. If amending the registered agent and/or agent and/or the new registered office addr	ess here:	cords, <u>enter the name of the new regis</u>
Name of New Registered Agent:	Marietou Pouye	
New Registered Office Address:	414 nw 35th st	de atomis de la comi
		da street address
	Boca Raton City	Florida 33431 Zip Code
	ĊΨ.	zip Coae

## 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 Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Marietou Pouye	414 NW 35th st Boca Raton FL 33431	■Add
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	va-	
	06/05/2023	
Effective date, if other than the	e date of filing:	(optional) ing or more than 90 days after filing.) Pursuant to 605,0207
Note: If the date inserted in this bl	lock does not meet the applicable statuto	ory filing requirements, this date will not be listed as
document's effective date on the D	repartment of State's records.	
e record specifies a delayed effectiv rd is filed.	e date, but not an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day after the
		20
06/05/2023 Dated	1:09P.M	
/мен <i>-</i>	· · · · · · · · · · · · · · · · · · ·	173 113 13
14	FIT	<del></del> ယ်
1211		
4//	Signature of a member or authorized repres	sentative of a member

Typed or printed name of signee