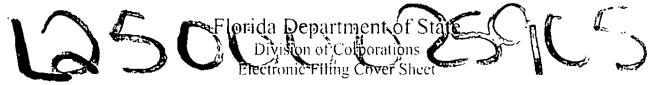
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Division of Corporations



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Division of Corporations

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Help

COVER LETTER

	gistration Sect vision of Corp				
ou buzzr		ST TECH-FL LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	n all correspon	dence concerning this matter	to the following:		
		Erik Treutlein			
			Name of Person		
		Legalzoom.com, Inc.			
			Firm/Company		
		9900 Spectrum Dr			
			Address	<u>. </u>	·
		Austin, TX 78717			
			City/State and Zip Code		 -
		połk@matech1.com		· · · · · · · · · · · · · · · · · · ·	
			to be used for future annual i	героп пописацов.	•
For further i	nformation cor	scerning this matter, please ea	all:		
Erik Treutk	zin		800 773	3-0888	
	Name of I	Person	at () Area Code	Davtime Telepl	ione Number
Enclosed is	a check for the	following amount:			
\$25.00 1	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our records.) Florida Limited Liability Company)
ility Company were filed onand assignedand assigned
ing.
e limited liability company here:
s "Limited Etability Company," the designation "LLC" or the abbreviation "L.L.C."
e:
(DDRESS)
<u> </u>
registered office address on our records, enter the name of the ne
Enter Florida street address
, Florida
i 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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.

/S/		
If Changing Registered Agent	Signature of New	Registered Agent

To:	4	 Page 5 of 6	2025-02-07 08·34:47 PST	LegalZoom com, Inc.	From: Candace Princi

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	Mustafa Jawad	520 S 7TH ST LAKE WALES, FL 33853	= Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			D Add
			☐ Remove
		<u></u>	Change
			
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	Page: 6 of 6	2025-02-07 08:34:47 PST	ŁegałZoom com, Inc.	From: Candace Pri
D. If amer	nding any other informat	ion, enter change(s) here: <i>(Attach i</i>	additional sheets, if necessary.)	
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E. Effectiv	ve date, if other than the d	late of filing:	(optional)	
		be specific and cannot be prior to date of film ork does not meet the applicable statutor		
	ent's effective date on the Dep		,	
		effective date, but not an effect	tive time, at 12:01 a.m. on th	e earlier of:
(b) The s	90th day after the reco	rd is filed.		
	03/07	202		
Dated _	02/07	··		
	/S/ Mustafa Jawa			
	S	ignature of a member or authorized represe	otative of a member	
	Mustafa Jawad			
		Typed or printed name of sig	mas	· - · · ·

Page 3 of 3