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J. BRYAN

APR - 7 2009

EXAMINER

COVER LETTER

'TO:

	tion Section of Corporations		
SUBJECT:	TECNICA BUS	INESS SYSTEMS. LLC	
30B0LC1		nited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are su	ibmitted for filing.	
Please return all c	orrespondence concerning this matte	er to the following:	
		CARLOS D. COTON	
		Name of Person	
	TECNIC	A BUSINESS SYSTEMS, LLC	E 5 6
		Firm/Company	
		7959 NW 21 ST	FILED APR-6 PM 2: 12 ECRETARY OF STATE AND ASSEE, FLORID
		Address	
		DORAL, FL 33122	FLST ?
		City/State and Zip Code	— 温 7
	CARLOS.CO	OTON@TECNICASYSTEMS.COM (to be used for future annual report notification)	4
For further inform	E-mail address: ation concerning this matter, please		
,	CARLOS D. COTON	005 477.504	7
	CARLOS D. COTON Name of Person	at (305) 477-561 Area Code & Daytime Telephone	
Enclosed is a chec	k for the following amount:		
\$25.00 Filing 1	Fee \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECNICA BUSINESS SYSTEMS, 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	02/05/2010	
		and assigned
Florida document number L09000122225		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ere:	
The new name must be distinguishable and end with the words "Limited Liability Com "L.L.C."	pany," the designation "I	LLC" or the abbreviation
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)		
 		
D 70 11 12 12 12 12 12 12 12 12 12 12 12 12	_	
B. If amending the registered agent and/or registered office address on registered agent and/or the new registered office address here:	our records, enter t	the name of the new
Name of New Registered Agent: CARLOS D. COTON		
New Registered Office Address: 7959 NW 21 ST		
	Enter Florida street ada	lress
DORAL	, Florida	33122
City	,	Zip Code

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 603, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR_	JESUS RODRIGUEZ	12281 SW 185 TERRACE MIAMI, FL 33177	Add Remove
MGR_	PEDRO PENTON	7959 NW 21 ST DORAL FL 33122	Add Remove
<u>MGR</u>	CARLOS D. COTON	7959 NW 21 ST DORAL FL 33122	✓ Add Remove
MGR_	ARTURO RIOS	7959 NW 21 ST DORAL_FL 33122	Add Remove
			Add Remove
NAMES AND THE POPULATION AND ADMINISTRATION	errorriermenten , pp vanas A pagaga (1877) andalah		Add Remove
I). If amen	nding any other information, enter cl	hange(s) here: (Attach additional sheets, if necessar	l.vc.
			10 APR -6 SECRETARY ALLAHASSE
Dated	April 2	2)10. Ad Al	C PH 2: 13 RY OF STATE SEEE. FLORID
	PEDRO PENT	mber or authorized representative of a member ON CARLOS D. COTON yped or printed name of signee	
	/ /	Page 2 of 2	

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Filing Fee: \$25.00