

L11000011463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263378874

08/18/14--01008--001 **30.00

DEPARTMENT OF STATE
OFFICE OF THE CLERK
HARRISBURG, PENNSYLVANIA

2014 AUG 18 AM 11:40

FILED

AUG 20 2014
L. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GLOBAL TECH MECHANICAL LLC/DBA JEETEEMEK

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARITZA RASCON

Name of Person

GLOBAL TECH MECHANICAL LLC/DBA JEETEEMEK

Firm/Company

1196 E CARROLL ST

Address

KISSIMMEE, FL 34744

City/State and Zip Code

MARITZA@JEETEEMEK.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARITZA RASCON

Name of Person

at 407 350-6988

Area Code

Daytime Telephone Number

2014 AUG 18 AM 11:40
FILED
MARITZA@JEETEEMEK.COM

Enclosed is a check for the following amount:

- \$25.00 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 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**

GLOBAL TECH MECHANICAL LLC/DBA JEETEEMEK

(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 11/29/2012 and assigned Florida document number L11000011463.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED
2011 AUG 18 AM 11:40
CLERK OF STATE
TALLAHASSEE FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: MARITZA RASCON

New Registered Office Address: 1196 E CARROLL ST
Enter Florida street address

KISSIMMEE, Florida 34744
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MARITZA RASCON	3223 SILVER LAKE CT	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34744	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

2014 JUN 18 AM 10:40
 ST. LOUIS PROFESSIONAL
 REAL ESTATE FEDERATION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

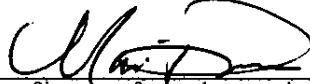
MARITZA RASCON (90%) OWNER

LUIS TURCIOS (10%) OWNER

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated AUGUST 13, 2014



Signature of a member or authorized representative of a member

MARITZA RASCON

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014 AUG 18 AM 11:40
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA