

L14000005215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

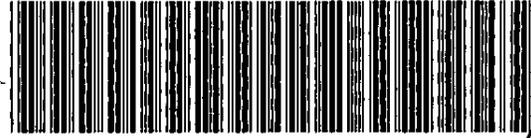
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 MAR 16 PM 4:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 March APR 6 2015

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** USA TECH LLC  
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:

C. GARCIA

Name of Person

USA TECH LLC

Firm/Company

3195 SW. 5 ST.

Address

MIAMI, FL. 34145

City/State and Zip Code

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

For further information concerning this matter, please call:

E. GARCIA

Name of Person

at (305)

Area Code

407-5762

Daytime Telephone Number

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

TO  
ARTICLES OF ORGANIZATION  
OF

USA TECH 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 1/10/14 and assigned Florida document number L1400000 5215.

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)

3195 SW. 5 ST.  
MIAMI, FL. 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8595 COLLIER BLVD. SUITE 107-36  
NAPLES, FL. 34114

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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida

City

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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

**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>
AMBR	JAQUELINE TORRES	6110 SW. 129 PL. #1709	<input type="checkbox"/> Add
		MIAMI, FL. 33184	<input checked="" type="checkbox"/> Remove
		<i>Jaqueline Torres</i>	
AMBR	PAUL E. GARLIA	3195 SW. 5 ST.	<input checked="" type="checkbox"/> Add
		MIAMI, FL. 33135	<input type="checkbox"/> Remove
		<i>[Signature]</i>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 5 MAR 16 PM 1:03  
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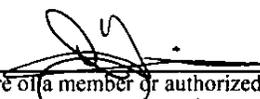
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 MARCH 4, 2015.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

PAUL E. GARLIA

Typed or printed name of signee

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15 MAR 16 PM 4: 58  
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TALLAHASSEE, FLORIDA