

L16000160886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

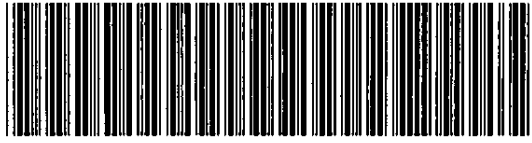
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
Sign

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren
SEP 20 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

RUBEN RIBEIRO
7601 NW 68TH STREET
MIAMI, FL 33166

SUBJECT: KAISER LLC.
Ref. Number: L16000160886

We have received your document for KAISER LLC. and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 216A00019200

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KAISER 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:

ERLINDA S FERREIRO

Name of Person
RUBEN RIBEIRO/ERLINDA S FERREIRO

Firm/Company
7601 NW 68 ST

Address
MIAMI, FL 33166

City/State and Zip Code
adonairroofing@hotmail.com

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

2016 SEP 19 PM 4:12
STATE OF FLORIDA
TALLAHASSEE, FL 32301

For further information concerning this matter, please call:

ERLINDA S FERREIRO at (**786**) **316-3007**

Name of Person Area Code 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

SW

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KAISER 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 08/26/2016 and assigned Florida document number L16000160886.

This amendment is submitted to amend the following:

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

URUTEC LLC

The new name must be distinguishable and contain 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) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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

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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>	<u>Type of Action</u>
AMBR	ERLINDA S FERREIRO	14601 FILLMORE ST MIAMI, FL	<input checked="" type="checkbox"/> Add
		AR TITLE	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WHEN THE APPLICATION DID ME WRONG IN MY TITLE, AND I TOOK TO THE OPPORTUNITY

TO RENAME THE COMPANY AT THIS TIME.

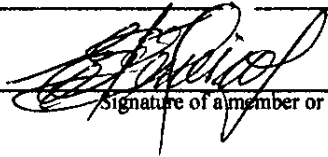
E. Effective date, if other than the date of filing: 09/20/2016 or 08/26/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated September 17 2016



Signature of a member or authorized representative of a member

ERLINDA S FERREIRO

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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