

L17000070813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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17 JUN 13 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 14 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2017

JUAN S MONTENEGRO MINERA
2893 EXECUTIVE PARK DRIVE STE 201
WESTON, FL 33331

SUBJECT: TEC4BIZ LATAM LLC
Ref. Number: L17000070813

We have received your document for TEC4BIZ LATAM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

To receive a refund, please submit a written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed.

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.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 517A00011490

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEC4BIZ LATAM 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.

JUAN S. MONTENEGRO MINERA

Name of Person

TEC4BIZ LATAM LLC

Firm/Company

2893 EXECUTIVE PARK DRIVE - STE 201

Address

WESTON, FL. 33331

City/State and Zip Code

jschneider@jfsconsultingsves.com

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

For further information concerning this matter, please call:

JORGE SCHNEIDER

786 553-6061
at ()

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

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

TEC4BIZ LATAM 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 03/29/2017 and assigned
Florida document number L17000070813.

This amendment is submitted to amend the following:

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

QITRONICS GROUP 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

City

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

45

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Remove
			☐ Change

FILED
17 JUN 18 AM 9:49
CLERK OF STATE
TALLAHASSEE, FLORIDA

17 JUN 13 AM 9:49
SECURITY OF STATE
WALLAHASSEE, FLORIDA

FILED
17 JUN 13 AM 9:49
CLERK OF DISTRICT
COURT
TALLAHASSEE, FLORIDA

(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)

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 6/7/17, 2017

A handwritten signature in black ink, appearing to be "J. H. [unclear]". The signature is written over a horizontal line.

Signature of a member or authorized representative of a member

JUAN S. MONTENEGRO MINERA

Typed or printed name of signee