L19000021274

(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	stration Se ion of Cor			
CHOINCT.	RC TECHN	OLOGY SOLUTIONS LLC		
SUBJF.C. 1: _		Name of Lim	ited Liability Company	•
The enclosed a	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ill correspo	ndence concerning this matter	to the following:	
		JOSE A. JR CUESTA		
			Name of Person	
	3C TECHNOLOGY SOLUTIONS LLC			
Firm/Company				
		8781 NW 12 ST		
			Address	
	PEMBROKE PINES FL 33024			
			City/State and Zip Code	
		info@3cfla.com	to be used for future annual report notif	·····
Eve thethoe inf	ormation c	n-mail address: (oncerning this matter, please c		neation)
		sneering this matter, picase co		
JOSE A CUESTA		954 4803282 at ()		
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a c	check for th	e following amount:		
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regi Divi P.O.	ing Addressistration Sision of C Box 632 ahassee, F	Section orporations 7	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	etion porations Callahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on o la Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L190000021274</u>	Company were filed on 01/22/20 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Stating dates SEAT BE A FOST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	ant Advocs
- 	City	. Florida Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	~ (2)
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete performance of my d igent as provided for in Chapt ed office address, I hereby con	uties, and I anglamiliar with and er 605, F.S. Oy, if this document is
	If Changing Registered Agent, Si	gnature of New Registered Agent

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>	Name	Address	Type of Action
MGR	JESUS G CALDERON	3561 ALTIS CIR. N UNIT 02-306 HIALEAH FL 3	— · · · ·
			≡ Remove
			□Change
MGR	MAYUMI MONTEAGUDO	8781 NW 12 ST PEMBROKE PINE FL 33024	■Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
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ote: If the date inserted in the determination of the date on the date of the	e must be specific and cannot be prior his block does not meet the applica he Department of State's records.	able statutory filing requireme	nts, this date will not be lis	sted as
ecord specifies a delayed efficient is filed.	Fective date, but not an effective til	me, at 12:01 a.m. on the earlie	APR	ici the
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