L19000116900

(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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2019 AUG -2 AM 8:49

Amend

AUG 08 2019

I ALBRITTON

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DBTEK 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:

JULIAN A. ORTEGA
Name of Person

DBTEK LLC
Firm/Company

10013 WINDING LAKE ROAD, UNIT 203
Address

SUNRISE, FL 33351
City/State and Zip Code

ortegj1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIAN ORTEGA at (954) 281-2760
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

2019 ... -2 AM 8: 4

DBTEK 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 04/30/2019 and assigned Florida document number L19000116900.

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 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: ANTHONY JOSEPH SANFORD

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.

ASanford

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add(ed) or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	VERGARA, HECTOR F	6150 NW 43RD AVENUE	☐ Add
		COCONUK CREEK, FL 33073	■ Remove
			☐ Change
MGR	SANFORD, ANTHONY J	10013 WINDING LAKE ROAD	■ Add
		UNIT 203	☐ Remove
		SUNRISE, FL 33351	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

E. Effective date, if other than the date of filing: ______________________ (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 JULY 29th, 2019.

Julian Ortega

Signature of a member or authorized representative of a member

JULIAN ORTEGA

Typed or printed name of signee

Filing Fee: $25.00