LZ0000 215031

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TO:

TO: Registration So Division of Co		e v	- -
HITEC GE SUBJECT:	ROUP LLC	•	, ‡
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHARLOTTE BEHAGUE	:	
		Name of Person	
	HITEC GROUP LLC		22.3 MOV
		Firm/Company	
	7571 EAGLET CT.		. ~
	-	Address	PI
	FORT MYERS, FL 33912		V-2 PH 4: 48
	INFO@HITECGROUPLLC	City/State and Zip Code	
	E-mail address: (to be used for future annual report notificati	on)
For further information of	concerning this matter, please co	ull:	
CHARLOTTE BEHAG	UE	239 2976976 at ()	
Name (of Person	Area Code Daytime Tel	ephone Number
Enclosed is a check for t	he following amount:		
■ \$25 00 Filing Fee	☐ \$30 00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C	Section	<u>Street Address:</u> Registration Section Division of Corpora	
P.O. Box 631	27	The Centre of Talla	
Tallahassee,	FL 32314	2415 N. Monroe St Tallahassee, FL 321	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HITEC GROUP LLC

·	appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were filed Florida document number $\frac{L20000215031}{L20000215031}$.	on JULY 22, 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	anv here:
The new name must be distinguishable and contain the words "Limited Liability Company	·
Enter new principal offices address, if applicable:	70
(Principal office address MUST BE A STREET ADDRESS)	12
Enter new mailing address, if applicable:	元 : ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	ster Florida street address

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Herbert Ruderman	800 N. Tamiami Trail Unit 406 Sarasota, Fl.34236	= Add
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ctive date, if other than the	e date of filing:	(optio	mal\
effective date is listed, the date mt	ist be specific and cannot be prior to di	ate of filing or more than 90 days after	filing.) Pursuant to 605.02
e: If the date inserted in this b ament's effective date on the I		statutory filing requirements, this	date will not be listed
	ve date, but not an effective time,	at 12:01 a,m. on the earlier of: (b)	The 90th day after th
filed.			
October 21	2020		
ed	· · · · · · · · · · · · · · · · · · ·		
	13 Mond	d representative of a member	