L20000215031

	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
<u> </u>	(Business Entity Name)
	(Document Number)
Certifi 	ed Copies Certificates of Status
Sp e	cial Instructions to Filing Officer:
	Office Use Only



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COVER LETTER

TO: Registration : Division of Co					
HITEC C SUBJECT:	ROUP LLC	•			
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>		
Therenclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:	1		
	FABIAN BEHAGUE				
ŕ		Name of Person			
	HITEC GROUP LLC				
	Firm Company				
!	7571 EAGLET CT.		;		
		Address			
	FORT MYERS, FL 33912				
		City/State and Zip Code			
	INFO@UPSCALE-STUDI	O.COM to be used for future annual report notif	•		
 For further information	concerning this matter, please c		icanon)		
FABIAN BEHAGUE		786 867.2929	1		
Name	of Person	at () Area Code Daytime	· Telephone Number		
Enclosed is a check for	the following amount:		:		
\$25.00 Filing Fee	S30.00 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)		
Mailing Addr Registration Division of P.O. Box 6: Tallahassee	n Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HITEC GROUP 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 7/28/2020 __ and assigned Florida document number L200002 [503] 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 "LLC." 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: <u>۔</u> دی Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ City 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

MGR = Manager AMBR = Authorized Member					
itle	<u>Name</u>	Address	Type of Action		
IĞR	FABIAN BEHAGUE	7571 EAGLET CT.	Add		
į		FORT MYERS, FL 33912	□Remove		
		- · · · · · · · · · · · · · · · · · · ·	□Ghange		
MBR -	CHARLOTTE BEHAGUE	7571 EAGLET CT.	🗆 A'dd		
1		FORT MYERS, FL 33912	[]Remove		
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ective date, if other than the date effective date is listed, the date must be specified in this block dement's effective date on the Department.	ecific and cannot be prior to date of fil ses not meet the applicable statute	(optional) ling or more than 90 days after filing.) ory filing requirements, this date v	Pursuant to 605.020 vill not be listed :
ord specifies a delayed effective date filed.	, but not an effective time, at 12:0)1 a.m. on the earlier of: (b) The	90th day after th
ed FEBRUARY 15	2021		
Signa	ture of a member or authorized repre-	sentative of a member	
	7 /		