## LOI 000021618

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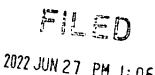
	stration Se ion of Cor		·	
		ROUP SERVICES, LLC	·	
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		FRANCISCO BLEISCHM	TOIL	
			Name of Person	
		AR-TEC GROUP SERVICE	CES, LLC	
		<del></del>	Firm/Company	
		6948 NW 50th Street		
			Address	
		Miami, Florida 33166		
			City/State and Zip Code	
		franble@teccomusa.com		
For further info	ormation co	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)
Francisco Blei	schmidt		305 218-6931	
***************************************	Name of	Person		ne Telephone Number
Enclosed is a c	heck for th	c following amount:		
<b>≡</b> \$25.00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address stration S		Street Address: Registration Sc	action
_		orporations	Division of Co	
	Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AR-TEC GROUP SERVICES, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) hability Company)	TALLAHASSES, FL
The Articles of Organization for this Limited Liability Company Florida document number <u>L01000021618</u> .	were filed on 12/13/2001	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the designation "LI.C" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>-</u>	
(Principal office address MUST BE A STREET ADDRESS)		. <del></del>
Enter new mailing address, if applicable:		
(htaiting address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<del></del>
	, Florid	a
Non-Designation of the sector Designation of	Cuy	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Alicia M. Venancia a/ka Alicia Leo	6948 NW 50 Street Miami, FL 33166	□Add
			<b>≡</b> Remove
			□Change
			□Remove
			□ Change
<del></del>			□Add
			□Remove
			🗆 Change
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an elfec	e date, if other than the date of filing:    12/14/2021   (optional)	ersuant t	o 605.0207 e listed as
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