## 4010000021618

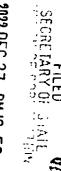
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## **COVER LETTER**

TO:

	egistration Se ivision of Cor				
eun iræa		up Services LLC.			
SUBJECT	· :	Name of Lim	ited Liability Company	····	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
	Francisco Belischmidt				
			Name of Person		
		Ar_Tec Group Services, L	LC.		
			Firm/Company		
		6948 NW 50th Street			
			Address	•	
	Miami, Fl. 33166				
			City/State and Zip Code		
		E-mail address: (	to be used for future annual report no	tification)	
For further	information c	oncerning this matter, please c	all:		
Francisco	Bleischmidt		305 218-6931		
	Name o	f Person		me Telephone Number	
Enclosed i	s a check for th	ne following amount:			
<b>≘</b> \$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)	
_	<b>Sailing Addres</b> Registration S		Street Address: Registration S	ection	
	Division of C		Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
	O. Box 632				
1	`allahassee, l	「レ 34314	2413 IN, MOIII	oc succi, suite oro	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.		and assigned
Florida document number L01000021618		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ice address on our records, enter the na	me of the new regist
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	me of the new regist
agent and/or the new registered office address here:	ice address on our records, <u>enter the na</u>	me of the new regist
	ice address on our records, <u>enter the na</u>	me of the new registo
agent and/or the new registered office address here:		me of the new registo
Name of New Registered Agent:	ice address on our records, enter the na  Enter Florida street address	me of the new registo
Name of New Registered Agent:		me of the new registo

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	PATRICE MICHEL	6948 NW 50TH STEET MIAMI FL 33166	🛱 Add
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cument's effective date on						
ecord specifies a delayed e	ffective date, but no	ot an effective ti	ime, at 12:01 a	.m. on the earlie	r of: (b) The !	90th day after the
is filed.						
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ted 10/03/209	4-4	_,	<u> </u>			
			<del>25</del> 6/			
	Signature of a	a member or auth	orized represent	ative of a member		<del></del>
	-					