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SECRETARY OF STATIONS OF THE PROPERTY OF STATIONS OF COMPOSITIONS

B. KOHR

JAN - 6 2011

**EXAMINER** 

### COVER LETTER

TO: Registration Section of Corp.	tion orations		
SUBJECT:	//Viecu Secu Name of Limi	nife CCC ted Lyability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	mendment and fee(s) are sub	emitted for filing.	THE SECRETARY
Please return all correspond	dence concerning this matter	to the following:	الم
	Alexander	BARRIOS Name of Person	A JAM-5 MAID: 06
	Alexander Cynteck	Firm/Company	<del></del>
	4000 PONCE	ede Ceon Blud. Address	, suife 470
	COTAL GALL	City/State and Zip Code  City/State and Zip Code  Cyntek. Com  be used for future annual report notificati	
	<u>Agarrios</u> E-mail address: (1	O CYNTCK. COM O be used for future annual report notificati	on)
For further information cor	ocerning this matter, please c		
Alexanden B Name of F	ArriCS Person	at ( 786) 306. 28 Area Code & Daytime Te	297 Elephone 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

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#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on 4/29/2006 and assigned Florida document number 4/29/2006 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Cynteck Electrical Contractors, LCC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." GUNTECK EKCTICAL CONTRACTORS, CLC 4000 PONCE de CEON Blud. # 470 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Same (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: ALEXANDER BARRIOS Name of New Registered Agent: 4000 PONCE de Leon Blud, #470

Enter Florida street address

COTAL GABLS , Florida 33146

City Zip Code New Registered Office Address:

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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title Name Address ∏Add Remove MGR Downs MERM Gillis, Kevin □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 1/3/2011 Signature of a member or authorized representative of a member Alexanden BARRIOS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00