L08000055795

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04/17/19--01006--016 **25.00



Amend

APR 2.4 2019

I ALBRITTON

COVER LETTER

Div	ision of Corp	•		
SUBJECT:		SYSTEMS, LLC Name of Limi	ted Liability Company	
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter (to the following:	
		RONALD LENZ		
		FUELTEC SYSTEMS, LL	Name of Person	
			Firm/Company	
		11388 OKEECHOBEE BL	VI)	
			Address	
		ROYAL PALM BEACH, I	°E 33411	
		RON@FUELTECSYSTEM	City/State and Zip Code S.COM	
		E-mail address: (t	o be used for future annual report notifi-	cation)
For further in	nformation co	oncerning this matter, please ca	il:	
RONALD L	ENZ		828 212-1141	
	Name of	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	MAILI	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20/9/17 PH 5: 32

FUELTEC SYSTEMS, 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 Co	ompany were filed on 06/05/2008	and assigned
Florida document number L08000055795		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 -	
		
B. If amending the registered agent and/or regist	arad affice address on our records	enter the name of the n
registered agent and/or the new registered office addr		the name of the h
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	ida
	City	Zip Code

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

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>	<u>Name</u> RONALD L LENZ	Address 2930 ROCKWOOD DRIVE	Type of Action
MGR		LENOIR, NC 28645	Add
			Remove
			□ Change
			Add
		<u></u>	☐ Remove
			Change
			
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			Change
	<u></u>		
			☐ Remove

	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Positive date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on b) The 90th day after the record is filed.	ı the earlier of:
Dated 04/11/2019	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00