

1/19/2018

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6383

From:

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Account Number : FCA000000023  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ALTRIX LLC

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALTTRIX LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maria Wilcheck

\_\_\_\_\_  
Name of Person

Alttrix LLC

\_\_\_\_\_  
Firm/Company

15970 W. State Road 84 #330

\_\_\_\_\_  
Address

Sunrise, FL 33326

\_\_\_\_\_  
City/State and Zip Code

mariawilcheck@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Wilcheck

305

904-7135

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone 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

19542080845 From Ranae McGraw  
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 18 JAN 19 AM 9:34

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALTTRIX 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 02/09/2009 and assigned  
 Florida document number L09000013231

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 "L.L.C."

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:**

Name of New Registered Agent:

Maria Wilcheck

New Registered Office Address:

15970 W. State Rd 84 #330

Enter Florida street address

Sunrise

City

Florida 33326

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.

Maria Wilcheck  
 If Changing Registered Agent, Signature of New Registered Agent

Maria Wilcheck

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

Title	Name	Address	Type of Action
Member	Altira LLC	3030 N. Rocky Point Drive	<input type="checkbox"/> Add
		Ste 150A, Tampa, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Maria Wilcheck	15970 W. State Road 84 #330	<input checked="" type="checkbox"/> Add
		Sunrise, FL 33326	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

18 JAN 19 9:09 AM '64  
DIVISION OF CONSTITUTIONS  
STATE OF CALIFORNIA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
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.) Pursuant to 605.0207 (3)(b) of the North Carolina state tax filing requirements, this date will not be listed as the effective date of the filing.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated January 19, 2018

# h. Wilson

Signature of a member or authorized representative of a member

**Maria Wilcheck, Member**

Typed or printed name of signee