Logacco Gross

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900268969379

900268969379 02/03/15--01045--011 **25.00

15 FEB -3 AM 9: 11
SLORE WAY OF STATE
ALL AHASSES FOR DRING

J. Silvers FEB 11 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE	Techni-In	vestments, L.L.C.		
SUBJEC	νι: <u> </u>	Name of Limi	ted Liability Company	
		mendment and fee(s) are subridence concerning this matter t	_	
		Alan E. Greenfield, E	Ēsq.	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Alan E. Greenfield, F	PA	
		<u> </u>	Firm/Company	
		P.O. Box 801706		
			Address	
		Aventura, FL 33280-	-1706	
			City/State and Zip Code	
		aeglawyer@aol.com	o be used for future annual report notific	
For furth	ner information co	ncerning this matter, please ca		anon)
Alan E	E. Greenfield,	Esq.	305 557-2286 x	27
	Name of	Person	Area Code Daytime T	Celephone Number
Enclosed	d is a check for the	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Techni-Investments, L.L.C.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp.	pany were filed on July 14, 2009	and assigned
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 end with the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	PPPS to administra
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		er the name of the
<u> </u>		87 d
New Registered Office Address:	Enter Florida street address	
	, Florida	H 9:

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Isabel C. Rodriguez-Perez	16001 Collins Avenue, Apt. 1904	Add
		Sunny Isles, Florida 33160	■ Remove
MGR	Juan J. Rodriguez-Perez	16001 Collins Avenue, Apt. 1904	
		Sunny Isles, FL 33160	■ Remove
MGR	Gonzalo A. Rodriguez-Pere	16001 Collins Avenue, Apt. 1904	
		Sunny Isles, FL 33160	■ Remove
			🗖 Add
			Remove 15 F. B. Add
			□ Remove
			🗀 Add
			□ Remove

ective date, if other than the date of filing	:	(optional)
effective date must be specific, capmot be prior to dat	e of receipt or filed date and cannot be	(optional) more than 90 days after
effective date must be specific, capnot be prior to dat date this document is filed by the Florida Departmen	e of receipt or filed date and cannot be	(optional) more than 90 days after
effective date must be specific, capnot be prior to dat date this document is filed by the Florida Departmen	e of receipt or filed date and cannot be t of State)	(optional) more than 90 days after
, and	e of receipt or filed date and cannot be t of State)	

Page 3 of 3

Filing Fee: \$25.00

SEENE BROY OF JAKE