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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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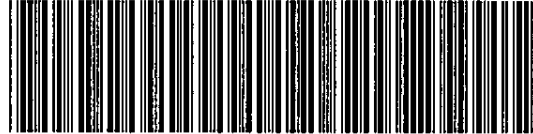
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10:00 AM FEB 11 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Techni-Investments, L.L.C.

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:

Alan E. Greenfield, Esq.

Name of Person

Alan E. Greenfield, PA

Firm/Company

P.O. Box 801706

Address

Aventura, FL 33280-1706

City/State and Zip Code

aeglawyer@aol.com

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

For further information concerning this matter, please call:

Alan E. Greenfield, Esq.

305 557-2286 x27

Name of Person

at (_____) _____
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

Page 1 of 3

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Isabel C. Rodriguez-Perez	16001 Collins Avenue, Apt. 1904	<input type="checkbox"/> Add
		Sunny Isles, Florida 33160	<input checked="" type="checkbox"/> Remove
MGR	Juan J. Rodriguez-Perez	16001 Collins Avenue, Apt. 1904	<input type="checkbox"/> Add
		Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Remove
MGR	Gonzalo A. Rodriguez-Perez	16001 Collins Avenue, Apt. 1904	<input type="checkbox"/> Add
		Sunny Isles, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

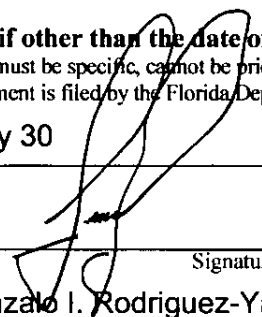
15 FEB - 30 AM '11
STATE OF FLORIDA
TALLAHASSEE

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 30, 2015



Signature of a member or authorized representative of a member

Gonzalo I. Rodriguez-Yanes

Typed or printed name of signee

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Filing Fee: \$25.00

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