

LD9000119551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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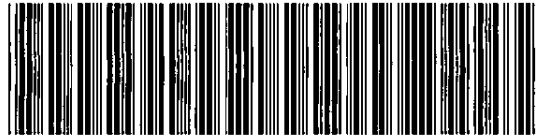
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. G. MAR 2 - 2010

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Polytec International 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:

**Gustavo Vargas**

Name of Person

**Polytec International LLC**

Firm/Company

**6900-29 Daniels Parkway, PMB 345**

Address

**Fort Myers, FL 33912**

City/State and Zip Code

**polytecinternational@gmail.com**

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

For further information concerning this matter, please call:

**Gustavo Vargas**

Name of Person

at ( **239** )

**872-3265**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**POLYTEC INTERNATIONAL LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on DECEMBER 16, 2009 and assigned Florida document number L09000119551.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4308 16th ST W

LEHIGH ACRES, FL 33971

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6900-29 DANIEL PARKWAY

PMB 345

FORT MYERS, FL 33912

**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:

GUSTAVO VARGAS

New Registered Office Address:

4308 16th ST W

*Enter Florida street address*

LEHIGH ACRES

Florida

33971

*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 608, 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 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

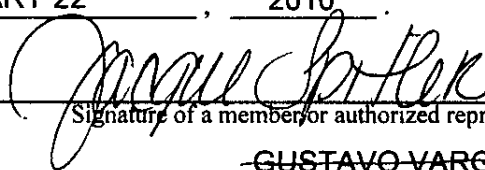
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JENNIFER SPITLER	216 SOUTH LOMBARDY LOOP JACKSONVILLE, FL 32259	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SASCHA ROTHSTEIN	1540 N. 37TH TERR GAINESVILLE, FL 32605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GUSTAVO VARGAS	4308 16TH ST W LEHIGH ACRES, FL 33971	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GUSTAVO VARGAS	4308 16TH ST W LEHIGH ACRES, FL 33971	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	JACQUE SPITLER	3947 BAXTER LN BOZEMAN, MN 59718	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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10 MAR - 1 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated FEBRUARY 22, 2010



Signature of a member or authorized representative of a member

~~GUSTAVO VARGAS~~ JACQUE SPITLER  
Typed or printed name of signee