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B. BOSTICK
DEC 1 9 2012
EXAMINER

COVER LETTER

TO: Registration Section **Division of Corporations** 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: **CARLOS URIBE** Name of Person Firm/Company 320 NW 170th ST Address MIAMI, FL 33169 City/State and Zip Code carlos@artecllc.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS URIBE

Enclosed is a check for the following amount:

Name of Person

☐ \$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

ARTEC, LLC	THE STATE OF THE STATE OF THE PERSON OF THE	anarde l
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	2014s.)
The Articles of Organization for this Limited Liability Company		
Florida document number L10000039786	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		A contract of the contract of
(Principal office address MUST BE A STREET ADDRESS)		- <u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		DEC 17 PM 3:
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		Florida
	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>	Address	Type of Action
MGRM	GUSTAVO GOMEZ	8000 LAGOS DE CAMPO BLVD. APT. 203, TAMARAC. FL 333	21 🚺 Add
			Remove
MGRM	JOHN CASTANO	10340 SW 154 PLACE # 43, MIAMI, FL 3319	96 🚺 Add
			Remove
			Add
			Remove
			Add
			Remove
		D CARRA	Add Add
			Remove PM 3: 43
			Add
		<u> </u>	Remove

D. If ai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary).)
	\wedge
Dated _	DECEMBER 11 2012
	Signature of a member of authorized representative of a member
	. / Corros Urghe
	Typed or printed name of signee
	Page 3 of 3
	Filing fee: \$25.00

FILED
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PABLAHASSEE FLORBA