

L10000039786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

B. BOSTICK

DEC 19 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ARTEC, 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:

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

Name of Person

at (**786 486-7024**)

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

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ARTEC, LLC

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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:

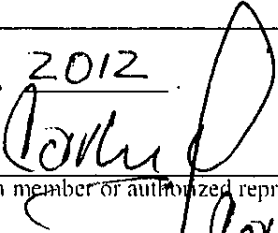
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GUSTAVO GOMEZ	8000 LAGOS DE CAMPO BLVD. APT. 203. TAMARAC, FL 33321	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	JOHN CASTANO	10340 SW 154 PLACE # 43, MIAMI, FL 33196	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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Add
Remove
Add
Remove

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

Dated DECEMBER 11, 2012



Signature of a member or authorized representative of a member

Carlos Uribe

Typed or printed name of signee

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Filing Fee: \$25.00

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PALM BEACH COUNTY, FLORIDA