## 410000075781

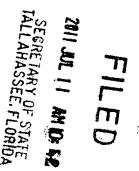
•	
(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:	Registration Sect Division of Corpo					
SUBJE	ECT:	Tec	ntegra, LLC			
		Name of Lim	ited Liability Company		-	
		mendment and fee(s) are sul	_			
			Manuel L. Mijares			
	Name of Person					
	Tec Integra, LLC					
			Firm/Company			
	7973 N.W. 161 Terrace					
		_ F.C.				
	Miami Lakes, Florida 33016					7
	City/State and Zip Code			SEE.	ור הנו יור	
		manuelmijares@tecintegra.com  E-mail address: (to be used for future annual report notification)			FPS E	
For fur	ther information cor	ncerning this matter, please of	-	n notification,	AM ID: 12 OF STATE E. FLORIDA	O
		el L. Mijares	at ( 305 )	773-0013		
	Name of I	Person	Area Code & l	Daytime Telephone Numb	per	
Enclose	ed 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 en	Certific closed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclos	sed)
		G ADDRESS:	STREET/C	OURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tec In	tegra, LLC		
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp	any were filed on	10/20/2009	and assigned
lorida document numberL10000075781			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
he new name must be distinguishable and end with the words "I	Limited Liability Comp	any," the designation "L	LC" or the abbrevia
- m		<u>چ</u>	<b>29.1</b>
nter new principal offices address, if applicable:		<u>\$</u>	
rincipal office address MUST BE A STREET ADDRESS	2		
		SSE	
			1 <b>2 1 1</b>
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		ĐÃ A	<b>7 8</b>
	<del></del>		
. If amending the registered agent and/or registered egistered agent and/or the new registered office address	office address on o	our records, enter th	ne name of the n
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
	, 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>	Name	Address	Type of Action
MGRM	David Barnes	2983 E. Vaughn Avenue Gilbert, Arizona 85234	Add Remove
MGRM_	Lyle W. Hancock	9948 Canyon Peak Dr. Las Vegas, Nevada 89147	✓ Add ☐ Remove
<del></del>			Add Remove
			SEC AND CONTROL OF THE PROPERTY OF THE PROPERT
			Memove
<del></del>			Add Remove
D. If amendi 	ng any other information, en	ter change(s) here: (Attach additional sheets, if necessary	·) 
Dated	July 7th	, 2011	
-	Manuel Signature o	f a member brighthorized representative of a member	
-		Manuel L. Mijares	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00