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# **COVER LETTER**

### ' TO: **Registration Section Division of Corporations**

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Cables and Sensors, LLC SUBJECT: \_\_\_\_\_

Tallahassee, FL 32314

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:

	Diego Orjuela			
		Name of Person		
	Cables and Sensors, LLC			
		Firm/Company		
	5874 S Semoran Blvd			
		Address		
	Orlando, F1, 32822			
		City/State and Zip Code	····	<u>-</u>
	diego@cablesandsensors.co			
	E-mail address: (	to be used for future annual report noti	ification)	
For further information c	concerning this matter, please c	all:		
Diego Orjuela		789 3048456		
Name of Person		at () Area Code Daytim	ie Tetephi	one Number
Enclosed is a check for t	he following amount:			
	[.] \$30.00 Filing Fee & Certificate of Status	LI \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<u>ו</u> -ו	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration	Section	<u>Street Address:</u> Registration Se		
Division of C P.O. Box 631	•	Division of Cor The Centre of T		
T.O. DOX 0.5.	<u> </u>		i an ana?	).>LL

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cables and Sensors, LLC

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

The Articles of Organization for this Limited Liability (	Company were filed on August 11 2010	and assigned
Florida document number 1.0000084022	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
<ul> <li>Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)</li> <li>B. If amending the registered agent and/or registered</li> </ul>	ed office address on our records, enter the r	TALLANDY IS AUSTREAM
agent and/or the new registered office address here:		
Name of New Registered Agent:		····
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	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 605, 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

•

Title	Name	Address	Type of Action
AMBR	Diego Orjuela	5874 S Semoran Hlvd	iElAdd
		Orlando, FL 32822	[]Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	Aaron Gammon	5874 S Semoran Blvd	
		Orlando, FL 32822	
			ElChange
MGR	Imelda Farrell Scallion	5874 S Semoran Blvd	🖃 Add
		Orlando, FL 32822	ElRemove
			[]Change
			i]Add
		<b></b>	[]Remove
			ElChange
			[]]Add
			L]Remove
			( <sup>-</sup> )Change
			(.)Add
			[_]Remove
			[]Change

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

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docur	nent's effective da	ae on the Departme	at of State's records	š.			
If the record record is f		yed effective date, l	out not an effective (	.ime, at 12:01 a.m.	, on the earlier of:	(b) The 90th day after	er the

November 11 d		
	Signature of a member or authorized representative of a member	<u></u> .
Diego Orjuela		
·	Typed or printed name of signee	

Filing Fee: \$25.00