

L110000072446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

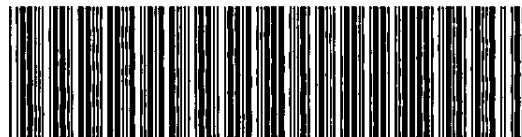
(Business Entity Name)

(Document Number)

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14 DEC 29 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 16 2015

T. BROWN

COVER LETTER

TO: **Registration Section
Division of Corporations**

Ivanpctek llc / DBA: Propctek, needatech

SUBJECT: _____
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:

Ivan Guribe

Name of Person

Ivanpctek llc

Firm/Company

603 Fenton Place Apt 202

Address

Altamonte Springs FL 32701

City/State and Zip Code

ivan@propctek.com

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

For further information concerning this matter, please call:

Ivan Guribe

321

396-2549

at ()

Name of Person

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

Amendment TO
ARTICLES OF ORGANIZATION
OF

Ivanpctek LLC

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

FILED
14 DEC 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 6/22/11 and assigned
Florida document number L11000072446

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:

604 Dearborn Avenue

(Principal office address MUST BE A STREET ADDRESS)

Altamonte Springs Florida 32701

Enter new mailing address, if applicable:

P.O. BOX 160845

(Mailing address MAY BE A POST OFFICE BOX)

ALTAMONTE SPRINGS, FL 32716

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:

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 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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

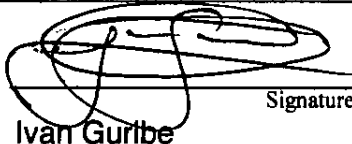
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Owner	Ivan Guribe	Same as principal offices address	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
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E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

December 22nd 2014

Dated _____, _____.



Signature of a member or authorized representative of a member

Ivan Guribe

Typed or printed name of signee