## 4200099055

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S. YOUL

## **COVER LETTER**

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TO: Registration Sec Division of Corp			
EHR TEC	CH LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MARYAM JAVE	D	
		Name of Person	
	EHR TECH L	LC	
		Firm/Company	
	5786 SUGARC	ANE LN	7)
		Address	
	LAKE WORTH,	FL 33449	2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
	EHRTECHLL	City/State and Zip Code C@GMAIL.COM	
	E-mail address: (	to be used for future annual report not	fication)
For further information co	oncerning this matter, please c	all:	
MARYAM JAVED		561 5065740	
Name of	Person		ne Telephone Number
Enclosed is a check for th	e 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)
Registra Division P.O. Bo	NG ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ERR TECH LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our of Florida Limited Liability Company)	records.)
he Articles of Organization for this Limited Lia	bility Company were filed on 08/01/20	12 and assigned
orida document number L12000099055	· · · · · · · ·	
is amendment is submitted to amend the follow	ving:	
If amending name, enter the new name of t	he limited liability company here:	
N/A		
e new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applical	ble:	
rincipal office address MUST BE A STREET	ADDRESS) N/A	
ter new mailing address, if applicable:		
ailing address MAY BE A POST OFFICE B	OX) N/A	N -
		7 7
If amending the registered agent and/o		cords, enter the name of the
gistered agent and/or the new registered offi	ce address here:	• • •
Name of New Registered Agent:		
New Registered Office Address:	N/A	
-	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

If amending the Mahagers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHAHZAD KHAN	5786 SUGARCANE LN	
		LAKE WORTH,FL 33449	Remove
MGRM	SHIRAZ KHAN	5786 SUGARCANE LN	
		LAKE WORTH, FL 33449	Remove
MGR	SALEEM AKHTAR	5786 SUGARCANE LN	<b>■</b> Add
		LAKE WORTH, FL 33449	☐ Remove
<u></u>			
		<u> </u>	Remove
			□ Remove
<del></del>			□ Add
			□ Remove

, ,		
	NIA	
	10/25/2014	
The effective date must be specifi	n the date of filing:  c, cannot be prior to date of receipt or filed date and cannot be the Florida Department of State)	(optional) be more than 90 days after
The effective date must be specifi the date this document is filed by OCT 16TH	n the date of fung:  c, cannot be prior to date of receipt or filed date and cannot be	
the date this document is filed by	c, cannot be prior to date of receipt or filed date and cannot to the Florida Department of State)	pe more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

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