#/ 12000131618

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SEGRETARY OF STATE: ALLAHASSEE, FLORIDA:

> K.SALY EXAMINER JUN 1 4 2013

TO:

Registration Section
Division of Corporations

SUBJECT

SQTEC 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:

MARIN, CESAR A

Name of Person

SQTEC LLC

Firm/Company

4731 SERENA DR

Address

TAMPA FL 33617 US

City/State and Zip Code

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

For further information concerning this matter, please call:

MARIN, CESAR A

at (407) 617-4532

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

13 JUN 13 PM 1: 30 SEGRETARY OF STATE PALLAHASSEE, FLORIDA	,
ds.)	

SQTEC 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 Li.	ability Company were filed on 10/16/201	2 and assigned
Florida document number L12000131618		
Fronda document number	··	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
, , , , , , , , , , , , , , , , , , , 		•
The new name must be distinguishable and end with "L.L.C."	h the words "Limited Liability Company," the d	esignation "LLC" or the abbreviation
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered of		rds, enter the name of the new
The second secon	net address here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Floria	la street address
	City	Florida Zip Code
	Cuy	Lip Coue

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 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	CHAPARRO, SANDRA C.	4731 SERENA DR	Add
		TAMPA FL 33617 US	Remove
			
			Add
			Remove
			_
			Add
			Remove
	·		
			Remove
			- □
			Add
			Remove
			Add
			Remove

amending any (other information, enter change(s) here: (Attach additional sheets, if necessary.)
	0040
June 10	2013
	Signature of a member or authorized representative of a member
MARI	N, CESAR A
	Typed or printed name of signee

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Filing Fee: \$25.00