## L12000136392

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## **COVER LETTER**

TO:

	stration Se ion of Cor				
OHD HEZEP.	ACT	TTECH, LLC			
SUBJECT: _	<del></del>	Name of Lim	ited Liability Company		
The enclosed a	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return a	ill correspo	ondence concerning this matter	to the following:		
		Richelle Tandoc			
			Name of Person		
		ACT TECH, LLC			
			Firm/Company		
		5805 Blue Lagoon Drive,	Suite 145		
		<del></del>	Address	<del></del>	
		Miami, Florida 33126			
			City/State and Zip Code		
		rtandoc@skjtllp.com			
		E-mail address: (	to be used for future annual report no	tification)	
For further inf	ormation c	oncerning this matter, please co	all:		
Richie C. Tan	doc		305 269-8633,		
	Name o		Area Code Daytii	me Telephone Number	
Enclosed is a c	heck for th	ne following amount:			
■ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ng Addres stration S		Street Address: Registration So	ection	
Registration Section Division of Corporations			Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ACT TECH, LLC			
( <u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I lorida document number L12000136392		ctober 26, 2012	and assigned
his amendment is submitted to amend the fol			
a. If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the a	obreviation "L.L.C."
inter new principal offices address, if appli	eable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
. If amending the registered agent and/or gent and/or the new registered office addre		records, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:	Richelle Tandoc		
New Registered Office Address:	5805 Blue Lagoon Dr., Suite 145	j	0 里 方
	Enter Flo	rida street address	<u> </u>
	Miami	, Florida 33	126
	City		Zin 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 or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	Orlando Gamarra, JR,	5805 Blue Lagoon Dr., Suite 220	□Add
		Miami, Florida 33126	■Remove
			□Change
MGMR Brian Brunett	Brian Brunette	5805 Blue Lagoon Dr., Suite 145	<b>≡</b> Add
		Miami, Florida 33126	□Remove
			Change
			□Add
		<del></del>	□Remove
			Change
			🗆 Add
			□Remove
		<u>-                                      </u>	□Change
	<del> </del>		🗀 Add
			□Remove
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
- <del></del>
<del></del>
E. Effective date, if other than the date of filing:
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated January 29 . 2021 .
Signature of a member of authorized representative of a member
Richelle Tandoc
Typed or printed name of signee

. . . .

Filing Fee: \$25.00