

L13 000067259

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

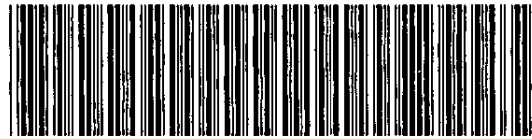
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800251444968

09/10/13--01003--009 \*\*30.00

FILED

13 OCT -4 PM 4:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

28th OCT 4 2013

## COVER LETTER

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

SUBJECT: TECH COMP-AMERICA 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:

OCTAVIO CRUZ-AEDO

Name of Person

Firm/Company

615 CAROLINE DR

Address

VERO BEACH FL 32968

City/State and Zip Code

octavio.cruzaedo@precisa-america.com

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

For further information concerning this matter, please call:

OCTAVIO CRUZ-AEDO

Name of Person

at ( 772 ) 643-8256

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 12, 2013

OCTAVIO CRUZ-AEDO  
615 CAROLINE DR  
VERO BEACH, FL 32968

SUBJECT: TECH COMP-AMERICA LLC  
Ref. Number: L13000067259

We have received your document for TECH COMP-AMERICA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the information in the article of amendment in which to are wanting to amend.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch  
Regulatory Specialist II

Letter Number: 213A00021473

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TECH COMP-AMERICA 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 05/08/2013 and assigned  
Florida document number L13000067259

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TECHCOMP-AMERICA LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
13 OCT -4 PM 4:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

*/ 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 Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**MGRM = Managing Member**

13 ☐ 001 ☒ 4 4:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
Add Remove

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

ARTICLE I

CHANGE NAME OF THE LLC FROM TECH COMP-AMERICA LLC

TO TECHCOMP-AMERICA LLC

Dated 09/30/2013

Signature of a member or authorized representative of a member

OCTAVIO CRUZ ACEDO

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
13 OCT -4 PM 2:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA