L13000089714

(Reque	estor's Name)
(Addre	ss)	
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(City/S	tate/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	ime)
(Docui	ment Number	·)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	
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SECRETARY OF STATE
TALLAHASSEF FI ORIDA

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

AMTA TECH SOLUTION 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:

Minghui Tang

Name of Person

AMTA TECH SOLUTION LLC

Firm/Company

5267 NW 102nd Ave

Address

Coral Springs, FL 33076

City/State and Zip Code

minghuitang@hotmail.com

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

For further information concerning this matter, please call:

Minghui Tang

_{#/}954 \7557229

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

(Name of the Limited Liability Co	mpany as it now appears on ou ited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L13000089714</u>	pany were filed on June 21	, 2013 and assigned
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 "L.L.C."	'Limited Liability Company," the	designation "LLC" or the abbrevia
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	<u> </u>
		ASS
Enter new mailing address, if applicable:		mo m
(Mailing address MAY BE A POST OFFICE BOX)		F. 3 0
		GRID ORIO
	•	→
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the r
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	rida street address
	, 1, , , , , , , , , , , , , , , , , , 	_, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

AMITA TECH COLUTION I.I.C.

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	YANG, TIANRUN	5267 NW 102ND AVE	Add
		CORAL SPRINGS, FL 33076	Remove
		·	Add
			Remove
		T CE	 ـــــــــــــــــــــــــــــــــ
		LAHASSEE, F	T Remove
		FLORIDA	را خود
			Remove
			Add
			Add
			_
		***************************************	Add
			Remove
			_

ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
-	
	<u>Sept. 30 , 2013</u> .
	Sept. 30, 2013.
	Signature of a member or authorized representative of a member
	MINGHUI TANG
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 OCT -2 PN 3-2
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TALL AHASSEF FLORIDA