

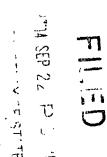
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
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Office Use Only



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07/21/14--01040--031 \*\*25.00



B. BOSTICK
SEP 2 3 2014

FY/AMINER

## **COVER LETTER**

TO: Registration Sec Division of Corp			1 B
SUBJECT:	TECH FIX Name of Lin	USA, LLC nited Liability Company	1114
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	8111
Please return all correspon	dence concerning this matter	to the following:	
	VONATH	Name of Person	200 FEHM
	TEC	Firm/Company	
	660	LINTON BLOD ZO	CO EX 4
	DELRAY	City/State and Zip Code  Actical 1 Co  (to be used for future annual report notifi	44
	E-mail address:	(to be used for future annual report notifi	ication)
For further information con	ncerning this matter, please c		THE PART OF THE PA
		at () Area Code Daytime	Telephone Number
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

TECH F	IX USA, LIC
( <u>Name of the Limited Lia)</u> (A Floi	bility Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	y Company were filed on <u>07/01/13</u> and assigned <u>394</u> .
This amendment is submitted to amend the following	<b>;</b> :
A. If amending name, enter the new name of the li	limited liability company here:
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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	egistered office address on our records, enter the name of the ne
registered agent and/or the new registered office a	iduless liele.
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:

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 Managers 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> **Address Type of Action Name** 680 LINTON BLD JONATHAN ROOFEIM 25 CANTERBURY RD, 2F BRADD \_□ Add ☐ Remove □ Add □ Add ☐ Remove

•	
	<u> </u>
The effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and c the date this document is filed by the Florida Department of State)	(optional) nnot be more than 90 days after
Dated 9/11 2014.	
Signature of a member of authorized represen	tative of a member

Page 3 of 3

Filing Fee: \$25.00



August 1, 2014

ILAN NASSIMI TECHFIX USA LLC 25 CANTERBURY ROAD, 2F GREAT NECK, NY 11021

SUBJECT: TECHFIX USA LLC Ref. Number: L13000101394

The enclosed letter and/or attachment(s) was/were returned to this office by the United States Postal Service due to an incorrect mailing address. Because the attached documentation reflects you are associated with this entity, we are forwarding these documents to you for appropriate handling.

To ensure this entity receives any future notices, it is imperative that this entity notify this office of its correct mailing address. PLEASE REVISE THE ENCLOSED DOCUMENT TO REFLECT THE CORRECT MAILING ADDRESS BEFORE RETURNING IT TO THIS OFFICE FOR PROCESSING.

Should you have any questions concerning this matter, you may contact our office.

Division of Corporations

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 614A00016537

Letter Number: 614A00016537



July 21, 2014

JONATHAN ROOFEIIM 660 LINTON BLVD. SUITE 200 DELRAY BEACH, FL 33483

SUBJECT: TECHFIX USA LLC Ref. Number: L13000101394

We have received your document for TECHFIX USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 214A00015631