13000115360

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Pflofie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
opcolor mondottens to 1 ming critical.

Office Use Only



500307603885

\$00307603885 12/27/17--01011--025 **60.00



FILED

JAN 23 PH 4: 14

ECRETARY OF STATE

M. MILLIGAN JAN 2 3 2018

COVER LETTER

TO: Registration Section / Tunya Moure Division of Corporations
SUBJECT: Technique Rewast 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:
Michael Raninez
Technique Records Firm/Company
853 NE Jah Street
Miani, FL 33138
City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael Ranier at (454) 618-8283 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: Sent +
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & 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 The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>213 000115360</u>. 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Title** Name **Address Type of Action** _□ Add ☐ Remove □ Change _□ Remove __ Change □ Add □ Remove _□ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change __ Remove __ Change

•	
If an ef <u>Note:</u> docun	ive date, if other than the date of filing: [cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	January 16. 2018.
	Signature of a member or authorized representative of a member
	Michael Raniver Typed or printed name of signee
	Michael Ranises

Filing Fee: \$25.00