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FEB 07 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Splice-TECH, 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:

CHARLES F. GOLINO
Name of Person

Splice-Tech, LLC
Firm/Company

13321 SW 41st Street
Address

DAVIE, FL 33330
City/State and Zip Code

Carolee@EJBUILDERS.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLEE COLBERG at (954) 214-7575
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

Splice-TECH, 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 9/03/2013 and assigned Florida document number 1-1300012362.6

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 "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)

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

City

Florida

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

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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
MGR	Rosemarie Giulino	13321 SW 41 st Street	<input type="checkbox"/> Add
		DAVIE, FL 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHARLES F. Giulino	13321 SW 41 st Street	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carolce Colberg	12451 SW 11 th Court	<input checked="" type="checkbox"/> Add
		DAVIE, FL 33325	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(If an effective 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 605.0207 (3)(b)

(b) The 90th day after the record is filed.

Dated JANUARY 29, 2018.

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

CHARLES F. Golino

Typed or printed name of signee

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