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(Requestor's Name)
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## **COVER LETTER**

Div	ision of Cor	porations		
SUBJECT:	Selgas Vela	zquez Technologies LLC		
•		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Edward David Selgas		
			Name of Person	
			Firm/Company	
		11761 SW 137 Place		
			Address	<del></del>
		Miami, FL 33186		
		,	City/State and Zip Code	
		edward.selgas@selgascpu.c		
			to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please c	all:	
Edward Dav	id Selgas		786 501-6837	
	Name of	l Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	îling 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:

TO:

Registration Section

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

Selgas Velazquez Technologies LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Florida document number $\frac{113000138719}{113000138719}$	Company were filed on 10/02/2013	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
Selgas CPU LLC		
The new name must be distinguishable and contain the words "I	limited Liability Company," the designation "LLG	Emm i i i i
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)	DRESS)	NAR 28 PH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2: 05
B. If amending the registered agent and/or regregistered agent and/or the new registered office at Name of New Registered Agent:  New Registered Office Address:	ddress here:  Enter Florida street addre, F	ss Iorida
	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 Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			Change
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Effective date, if other than th	e date of filing:		(optional)
If an effective date is listed, the date m Note: If the date inserted in this document's effective date on the	block does not meet the applic	able statutory filing requir	90 days after filing.) Pursuant to 605.0207 ( ements, this date will not be listed as t
ne record specifies a delayo The 90th day after the re	ed effective date, but no cord is filed.	ot an effective time, a	t 12:01 a.m. on the earlier of:
Dated March 26th	2018		
	7	·	
47 / (/2		orized representative of a mer	

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00