

Division of Corporations

L140000037089

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
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Fax Number : (323) 962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ADVANCED TECHNOLOGY INTEGRATORS LLC

Certificate of Status	0
Certified Copy	1
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14 MAY 13 AM 9:35

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TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

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TALLAHASSEE, FLORIDA

2014 MAY 13 AM 8:03

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MAY 14 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ADVANCED TECHNOLOGY INTEGRATORS I.L.C.
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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

Roncampo@gmail.com

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADVANCED TECHNOLOGY INTEGRATORS 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 03/05/2014 and assigned
Florida document number L14000037089

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 "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

Page 1 of 3

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	William Mantarri	3517 SW SAN MIGUEL STREET	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
AMBR	Randall Sorenson	3517 SW SAN MIGUEL STREET	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<input type="checkbox"/> Remove
			Add
			<input type="checkbox"/> Remove
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			Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

5/5

2014

Signature of a member or authorized representative of a member

Ronnie Campo

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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