## L14000129179

(Re	questor's Name)	
(Ad	dress)	
· (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

.Div	ision of Cor	porations			
SUBJECT:	TECH CON	TRACTORS, LLC			
Name of Limited Liability Company					
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Victor Monzon			
			Name of Person		
		TECH CONTRACTORS,	LLC		
			Firm/Company		
		11440 SW 47 Street			
			Address		
		Miami/Florida 33165			
			City/State and Zip Code		
		contactus@monzonline.com			
For further in	nformation co	oncerning this matter, please co	to be used for future annual report notif	ication)	
Victor Mon	zon		786 5537040		
	Name of	Person	at () Area Code Daytime	Telephone Number	
Enclosed is	a check for th	e following amount:			
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

TECH CONTRACTORS, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co.  Torida document number L14000129179	and assigned	
This amendment is submitted to amend the following:	_	
A. If amending name, enter the new name of the limit	ted liability company here:	
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	ESS)	<del>- 5</del> :-
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		<u> </u>
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addr		the name of the
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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Monzon, Victor		
		11440 SW 47 Street, Miami, FL 33	■ Remove
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ective date, if other than the date is listed, the date must be te: If the date inserted in this block	e specific and cannot be does not meet the a	pplicable statutory	or more than 90 days		
cument's effective date on the Depa	rtment of State's rec	ords.			
record enecifies a delayed s	ffective date, bu	ıt not an effecti	ve time, at 12:	01 a.m. on the	earlier o
record specifies a dielasen e	t is filed				
The 90th day after the record	a is ineu.				
he 90th day after/the record	2016				
he 90th day after/the record		·			<b></b>
The 90th day after the record sed September 30th	, 2016	·			16 OCT
The 90th day after the record sed September 30th		authorized represent	ative of a member		

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Filing Fee: \$25.00