

L14 600 132186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

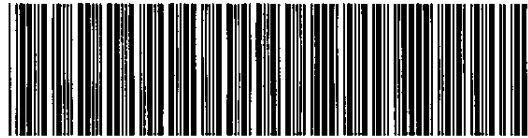
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DIRECTEK, 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:

Adolfo E. Paniagua.
Name of Person

Firm/Company

7325 Smithbrook Dr.
Address

Lake Worth FL 33467
City/State and Zip Code

adolfo@directek.info.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adolfo E. Paniagua. at (561) 667-7512
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

DIRECTEK, LLC.

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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

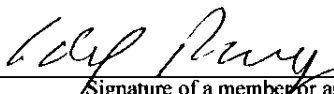
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Adolfo Paniagua	7325 Smithbrooke Dr	☒ Add
		Lake worth Fl. 33467	☐ Remove
Vice President	Roulys M. Ulysses	10236 Boca Entrada Blvd # 321	☒ Add
		Boca Raton Fl. 33428	☐ Remove
Manager	Roberto Campos Lima	315 Lakepointe Dr. Apt 104	☒ Add
		ALTAMONTE spring FL. 32701	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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 8/28/2014, _____.



Signature of a member or authorized representative of a member

Adolfo E. Panig GUG.

Typed or printed name of signee

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Filing Fee: \$25.00

16 SEP -2 PM 7:45
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