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L 14000160201

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H14000251489 3)))



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

From: Account Name : SILVAS FINANCIAL SERVICES, L.L.C.
Account Number : I20020000100
Phone : (305)944-9755
Fax Number : (888)401-1914

2014 OCT 28 AM 10:55
FILED
SECRETARY OF STATE
TALLAHASSEE, FL 0910

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
CPR UNITECH LLC

RECEIVED
14 OCT 28 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY
EXAMINER
OCT 29 2014

(((H14000251489 3)))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CPR UNITECH 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:

MARTIN REYES

Name of Person

SILVAS FINANCIAL SERVICES, L.L.C

Firm/Company

5520 S UNIVERSITY DRIVE STE C- 102

Address

DAVIE, FL 33328

City/State and Zip Code

accounting3@silvasfinancialservices.com

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

For further information concerning this matter, please call:

LUIS VARELA

305 934-2887

Name of Person

at (_____) _____

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CPR UNITECH LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 10/14/2014 and assigned Florida document number L14000160201

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

JL UNITECH LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 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>
	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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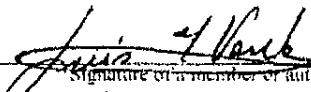
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 TALLAHASSEE, FLORIDA

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 OCTOBER 24 2014



Signature of a member or authorized representative of a member
10/24/2014

LUIS VARELA
Typed or printed name of signee

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 TALLAHASSEE, FLORIDA