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L14000177167

(Requestor's Name)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

SANTECH 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:

MARK H. OLENDER

Name of Person

Firm/Company

10460 ROOSEVELT BLVD #318

Address

ST PETERSBURG FL 33716

City/State and Zip Code

MICHAEL POWERS01@GMAIL.COM

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

For further information concerning this matter, please call:

MARK OLENDER

Name of Person

at (727) 504 0176

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SANTECH 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 11/14/2014 and assigned
Florida document number L14000177167

This amendment is submitted to amend the following:

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

NA
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)

4520 S. SKYLARK TERRACE
HOMOSASSA
FL 34446

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4520 S. SKYLARK TERRACE
HOMOSASSA
FL 34446

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:

NA
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.

NA
If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MGR	MICHAEL POWERS	4520 S. SKYLARK TERRACE	<input checked="" type="checkbox"/> Add
		HOMUSSA	<input type="checkbox"/> Remove
		FL 34446	
MEM	MICHAEL POWERS	4520 S. SKYLARK TERRACE	<input checked="" type="checkbox"/> Add
		HOMUSSA	<input checked="" type="checkbox"/> Remove
		FL 34446	
MGR	MARK OLENDOR	10460 ROOSEVELT BLVD 315	<input type="checkbox"/> Add
		ST PETERSBURG	<input checked="" type="checkbox"/> Remove
		FL 33716	
MEM	DIGITAL HARVEST INC	10460 ROOSEVELT BLVD 315	<input type="checkbox"/> Add
		ST PETERSBURG	<input checked="" type="checkbox"/> Remove
		FL 33716	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove


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- ① MICHAEL POWERS CHANGED FROM MEM TO MGR
- ② REMOVE MARK OLENDOR (MGR)
- ③ REMOVE DIGITAL HARVEST (MEM)

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 12/3/2014



Signature of a member or authorized representative of a member
MARK H. OLANDER

Typed or printed name of signee

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Filing Fee: \$25.00

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