L1400/88925

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



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MAR 21 2016 S. YOUNG

COVER LETTER

TO: Registration Se Division of Cor	ection porations		
	H SERVICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	PEDRO A. DE SOUSA G	OMES	
		Name of Person	
	FRONTECH SERVICES	LLC	
		Firm/Company	<u> </u>
	280 COMMODORE DR /	#1320	
		Address	- I man
	PLANTATION, FL 33325		ا الله الله الله الله الله الله الله ال
	frontechserviceslic@gmail.	City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	
For further information c	oncerning this matter, please c	all:	• *
Pedro A, De Sousa Gom	es	954 612-2776 at ()	ب ب
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	11. 1. 1 ,
he Articles of Organization for this Limited Liability Compa lorida document number L14000188925		and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	iability company here:	
RONTEC SERVICES LLC		
ne new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or th	e abbreviation "L.L.C,"
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	- P - P - P - P - P - P - P - P - P - P
		20 7
		(1)
nter new mailing address, if applicable:		المناسب المنات
• • • • • • • • • • • • • • • • • • • •		•
Mailing address MAY BE A POST OFFICE BOX)		All the state of t
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h		ter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin Code

New Registered Agent's Signature, if changing Registered Agent:

EDOMPTOOB CODVICECTIC

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

MGR = M	from our records:		
AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Change
			∩ Add
			□ Remove
			☐ Change
			Add
			□ Rêmove
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			Remove
		A146.7**	Change
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	st be specific and cannot be prior to date of filing or more ock does not meet the applicable statutory filing r	
e record specifies a delaye The 90th day after the rec	d effective date, but not an effective tin ord is filed.	ne, at 12:01 a.m. on the earlier o
	2016	
March 2 nted		
ated	A-De Sousa Coms. Signature of a member or authorized representative of	°a member

Page 3 of 3

Filing Fee: \$25.00