

L15000065438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

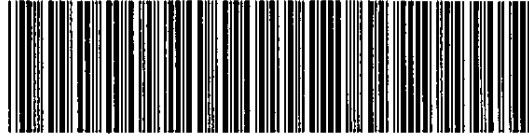
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
SEP 10 2015

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TECH 4 IP, 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:

NERIO AMAYA  
Name of Person  
TECH 4 IP, LLC  
Firm/Company  
3002 NW 72 AVENUE  
Address  
MIAMI, FL 33122  
City/State and Zip Code  
ADOLFO@CELLTEST.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NERIO AMAYA 786 420-0241  
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



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>	<u>Address</u>	<u>Type of Action</u>
MGR	ADOLFO RAMIREZ	11437 NW 62ND TERRACE	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LUIS A MARTINEZ	4350 NW 107 AVENUE	<input type="checkbox"/> Add
		MIAMI, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2016 SEP - 8  
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

09/02/2015

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09.02.2015, \_\_\_\_\_

Signature of a member or authorized representative of a member

Nerio Amaya  
Typed or printed name of signee