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COTERDETER

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TO: Registration Section Division of Corporations •
SUBJECT: Fite Tach Solution, IIC 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:
Anastacha Cansternt Name of Person
EPte Touch Solution, LLC Firm/Company
4630 3 Krikman Frank, Orlando, FL 32811
Orlando Fl. City/State and Zip Code taxde Vas e annual Com / anastacha Constent e E-mail address: (60 be used for future annual report notification) Yahoo-Com
For further information concerning this matter, please call:
Anostocha Consolunt at (321) 403 · 6130 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$25.00 Filing Fee

\$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

\$60.00 Filing Fee, Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Of Florida document number	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim The new name must be distinguishable and contain the words "Limited and	nited liability company here:
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	THY OF STA
	Som of P
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> <u>lress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registere	ed 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.

I. ____iging Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		 	Remove
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			□ Add
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			□ Change

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E. Effec		ional)
(If an e Note :	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte. If the date inserted in this block does not meet the applicable statutory filing requirements, this	r filing.) Pursuant to 605.0207 (3)(b) is date will not be listed as the
docur	ment's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:01 e 90th day after the record is filed.	a.m. on the earlier of:
(6)	e sour day area are record is mear	15 .
Dated	July 21. , 2015.	JUL 23
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	Cincotacha Consdant	mo P M
	Signature of a member or authorized representative of a member	
	Ancodecha Canodard	1: 45 STATE
	Typed or printed name of signee	

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Filing Fee: \$25.00