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(Requestor's Name	)
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## COVER LETTER

LLC

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TO:	1.2	ion Section of Corporations	
SUBJ	ECT:	MTech	MDN

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:

Atonio M. Fernandez Name of Person MTech MDM, LLC Firm/Company 5 Riverside Dr. Suite 107 each Gardens FL 33410 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

e/nandez 1, 561, 222-1162 Daytime Telephone Number Name of Person

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 & Centified 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 9, 2019

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ANTONIO M. FERNANDEZ 10415 RIVERSIDE DRIVE STE. 107 PALM BEACH, FL 33410

SUBJECT: MTECH MDM LLC Ref. Number: L15000141040

We have received your document for MTECH MDM LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

Letter Number: 019A00018538

Q <u>\_\_</u> 싪 UNCLOUN NEOLINIA : \_\_\_\_\_ 2019 SEP 27

www.sunbiz.org

ARTICLES (	DF AMENDMENT
	ТО
ARTICLES O	FORGANIZATION
	OF
	DMILLC
( <u>A Florida Lim</u>	ompany as it now appears on our records.) nited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number $\_ L150001410$	pany were filed on $8/18/2015$ and assigned $40$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
MTOCH Mobility	140
The new name must be distinguishable and contain the words "Limited I	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	(2)
[Through office address most be A STREET ADDRESS	2
	میں
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u></u>
D. If monding the maintained areat and/on maintaine	d office address on our records enter the name of the re
registered agent and/or the new registered office address	d office address on our records, <u>enter the name of the ne</u> here:
registered agent and/or the new registered office address	<u></u> .
Name of New Registered Agent:	
Nave Divisionary Office Addresses	
New Registered Office Address.	Enter Florida street address
	, Florida
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New Registered Office Address:	, Florida City Zip Code

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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Title	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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## E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) <u>Note:</u> 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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	September 23 2012. Og Dennert
	Antonio MFer nendez
-	Typed or printed name of signee