H16000024356

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : US TAX CONSULTING INC
Account Number : I20160000060
Phone : (407)674-8969
Fax Number : (407)674-8970

5we 9/2/16

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

16 SEP 02 AM 10:53
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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FLOTECH MCOFL LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$55.00

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SEP 15 2016

N. GAUSSEAUX

* * * Communication Result Report (Sep. 2. 2016 7:35PM) * * *

Date/Time: Sep. 2. 2016 7:34PM

File No.	Mode	Destination	Pg(s)	Result	Page Not Sent
2230	Memory TX	8506176383	P. 3	OK	

Reason for error
E. 1) Hang up or line fail
E. 2) Busy
E. 3) No answer
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E. 5) Exceeded max. E-mail size

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : [redacted]
Account Number : [redacted]
Phone : (407)674-8362
Fax Number : (407)674-8078

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ELOTECH MCOFL LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
FLOTECH MCOFL LLC

The Articles of Organization for this Florida Limited Liability Company were filed on 02/04/2016 and assigned Florida document number .

Florida document number: L16000024356.

Article I

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Article II

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
5401 S. KIRKMAN RD STE 135 ORLANDO FL 32819

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
5401 S. KIRKMAN RD STE 135 ORLANDO FL 32819

Article IV

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: *US TAX CONSULTING INC*

New Registered Office Address: *5401 S. KIRKMAN RD STE 135 ORLANDO FL 32819*

New Registered Agent's Signature, if changing Registered Agent:
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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

Title	Name	Address	Type of Action	
MGR	MARZULLO, RICARDO	200 A ZELL DRIVE	REMOVE	■
		ORLANDO, FL 32824	ADD	☐
Title	Name	Address	Type of Action	
MGR	SANTOS MARZULO, ELIZABETH	200 A ZELL DRIVE	REMOVE	■
		ORLANDO, FL 32824	ADD	☐
Title	Name	Address	Type of Action	
AMBR	MARZULLO, RICARDO	R: CAPITAO SAMPAIO XAVIER 205#102	REMOVE	☐
		RECIFE, PE 52050-217 BR	ADD	■
Title	Name	Address	Type of Action	
MGR	SANTOS MARZULO, ELIZABETH	R: CAPITAO SAMPAIO XAVIER 205#102	REMOVE	☐
		RECIFE, PE 52050-217 BR	ADD	■
Title	Name	Address	Type of Action	
AMBR	OER INFORMATICA LTDA - EPP	R: CUPIM 132	REMOVE	☐
		RECIFE, PE 52011-070	ADD	■

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: 09/02, 2016.

Signature of a member or authorized representative of a member

DANILO SANTANA
Typed or printed name of signee

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16 SEP 02 AM 10:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA