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(Requestor's Name)	
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(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
Member Signature	
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FILED
2022 FEB -4 AM II: 07
SECRETARY OF STATE

A. BUTLER FEB 16 2022

COVER LETTER

Registration Section

TO:

Division of Cor	porations		
TECHVAC	CLLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ALIN TUDOR STEFANE	SCU	
		Name of Person	
		Firm/Company	
	1643 FUNSTON ST.		
		Address	
	HOLLYWOOD, FL 33020)	
		City/State and Zip Code	
	TECHVACSERVICE@GN E-mail address: (1ATL.COM to be used for future annual report no	tification)
For further information of	oncerning this matter, please c		,
ALIN TUDOR STEFAN	IESCU	954 2002679 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of	Tallahassee oe Street, Suite 810
i alialiassee, l	LL J4J1T	2913 IV. IVIOHO	of Surcer Sauce 010

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION • OF

FILED

TECHVAC LLC

2022 FEB -4 AM 11: 07

(A Florida	a Limited Liability Company)	TALLAHASSEE EL
The Articles of Organization for this Limited Liability C	Company were filed on 03/03/2016	and assigned
Florida document number L16000044419	_ ∙	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
TUDOR STEFANESCU GENERAL CONTRACTING LLC	C	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDR	RESS)	·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	 	
B. If amending the registered agent and/or registered	d office address on our records, ent	or the name of the new registeres
agent and/or the new registered office address here:	a office address on our records, enc	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	.1	Florida
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered	d Agent:	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, gent as provided for in Chapter 60:	and I am familiar with and 5, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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> Name **Address** Type of Action _____ □Remove _____ □Change _____ Remove _____ Change _____ □Add _____ □Change _____ □Add _____ □Remove _____ Change ____ □ Add _____ □Remove _____ Change

te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.		
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	December 29 2021	
	15.	2 2 2 2
ALINITUDOD OTODA VIDGOV	Signature of a member or	authorized representative of a member

Filing Fee: \$25.00

RECEIVED

2022 FEB -4 AM 8: 03

SECRETARY OF STATE TALLAHASSEE, FL

January 25, 2022

ALIN TUDOR STEFANESCU 1643 FUNSTON ST. HOLLYWOOD, FL 33020

SUBJECT: TECHVAC LLC Ref. Number: L16000044419

We have received your document for TECHVAC LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 522A00001925

Anissa Butler Regulatory Specialist II