

08/24/2016 3:16 PM FAX 813 884 0263  
8/24/2016

DDS TAX SERVICE  
Division of Corporations

0001/0005

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L16000119727**

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To:

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

From:

Account Name : DDS TAMPA TAX SERVICE  
Account Number : I20140000115  
Phone : (813)882-8426  
Fax Number : (813)884-0263

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TECH-SOLUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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2016 AUG 24 PM 3:15

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TECH-SOLUS 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:

RODOLPHO S CRISTOFARO

\_\_\_\_\_  
Name of Person

TECH-SOLUS LLC

\_\_\_\_\_  
Firm/Company

10418 SNOWDEN PL

\_\_\_\_\_  
Address

TAMPA FL 33626

\_\_\_\_\_  
City/State and Zip Code

RDASILVA@LIBERTYTAX.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

RODOLPHO S CRISTOFARO

813

841-1662

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECH-SOLUS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/21/2016 and assigned Florida document number L16000119727.

This amendment is submitted to amend the following:

**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."

Enter new principal offices address, if applicable:

10418 SNOWDEN PL

(Principal office address **MUST BE A STREET ADDRESS**)

TAMPA FL 33626

Enter new mailing address, if applicable:

10418 SNOWDEN PL

(Mailing address **MAY BE A POST OFFICE BOX**)

TAMPA FL 33626

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**New Registered Agent's Signature, if changing Registered 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.*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	IDALECIO ANDRADE	10121 BENNINGTON DR	<input type="checkbox"/> Add
		TAMPA FL 33626	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RODOLPHO CRISTOFARO	10418 SNOWDEN PI,	<input type="checkbox"/> Add
		TAMPA FL 33626	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FALLAHUSSELI, FLORIDA

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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F. 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 405.0207 (3)(b)

**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.

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 AUGUST 24TH 2016

✓

Signature of a member or authorized representative of a member

RODOLPHO S CRISTOFARO

Typed or printed name of signee