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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE NOV 3 0 2016

## **COVER LETTER**

Divi	ision of Cor	porations				
SUBJECT	Hi-Tech Bu	ilding Resources				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		John F. Parell				
		<del></del>	Name of Person			
		Hi-Tech Building Resource	es LLC			
			Firm/Company			
		3233'NE 31st Ave				
			Address			
		Lighthouse Point, FL 3306	54		ZIII NOV Z	-T
		jparell@yahoo.com	City/State and Zip Code		OY 28	
		E-mail address: (	to be used for future annual r	eport notification)		
For further in	nformation c	oncerning this matter, please ca	all:		LOWI STATE	
John F. Pare	ell		954 778 at ()	-7050	5- O	
	Name o	f Person	Area Code	Daytime Telephone Nu	umber	
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Cert	00 Filing Fee, tificate of Statu tified Copy litional copy is enclo	

MAILING ADDRESS:

TO:

**Registration Section** 

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

Hi-Tech Building Resources 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 6-22-16 \_\_\_\_\_ and assigned Florida document number \_\_L16000120620 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Same The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Same Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Same Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Same Name of New Registered Agent: Same New Registered Office Address: Enter Florida street address Cirv 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

If Changing Registered Agent, Signature of New Registered Agent

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> <u>being added or removed from our records</u>:

·MGR =	Manager		•
AMBR =	Authorized M	ember	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00