LI6000112597

(Re	questor's Name)	
(Ad	dress)	
		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
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Certified Copies	Certificates	s of Status
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COVER LETTER

то:	Registration Se Division of Cor			
eri n		A ELECTRONICS LLC		
SUB	IECT:	Name of Limi	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	e return all correspo	ndence concerning this matter	to the following:	
		CARLOS IVAN CASTILI	.0.	
			Name of Person	
		MONTANA ELECTRONI	CS LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		8134 SW 164 COURT		
			Address	
		MIAMI, FL 33193		
			City/State and Zip Code	
		carlos@ccaires.com		
		E-mail address: (1	to be used for future annual report notif	ication)
For fi	urther information c	oncerning this matter, please ca	all:	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Encle	osed is a check for th	ne following amount:		
s	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

MONTANA ELECTRONICS LL		
(Name of the Lin	nited Liability Company as it now ap (A Florida Limited Liability Compa	opears on our records.) my)
he Articles of Organization for this Limited	Liability Company were filed or	n 11/21/2016 and assigned
orida document number L16000212597	,	
is amendment is submitted to amend the fo	llowing:	
If amending name, enter the new name	of the limited liability compan	y here:
		22
new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.G."
ter new principal offices address, if appl	icable:	years years
incipal office address MUST BE A STRE	ET ADDRESS)	م کی
		ال الله الله الله الله الله الله الله ا
		2: IL ORID
ter new mailing address, if applicable:	***************************************	
ailing address MAY BE A POST OFFICE	<u> </u>	·
TO 10 10 10 10 10 10 10 10		
If amending the registered agent and istered agent and/or the new registered of		s on our records, enter the name of the
Name of New Registered Agent:	CARLOS IVAN CASTILLO	
New Registered Office Address:	8134 SW 164 COURT	
Regionard Office Paldress.	Enter	Florida street address
	MIAMI	, Florida ³³¹⁹³
	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>	Address	Type of Action
MGR	CARLOS IVAN CASTILLO	8134 SW 164 COURT	Add
		MIAMI, FL 33193	Remove
			■ Change
			
			Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
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fective date is listed, the date n If the date inserted in this	block does not me	eet the applicabl	le statutory filir	g requiremen	ts, this date	will not b	e list
nent's effective date on the	Department of St	ate's records.					
cord specifies a delay	ed effective da	ate, but not a	an effective	ime, at 12	:01 a.m.	on the e	earli
90th day after the re	ecord is filed.	·					
12/27		2016					
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Filing Fee: \$25.00