L16000232550

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LLC Amena

10/16/24--01012--007 **25.00



A. RAMSEY

COVER LETTER

SUBJECT:		DETEC LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	ALEXIS GONZALEZ				
		Name of Person			
	LAW OFFICE OF ALEXI	S GONZALEZ, P.A.			
Firm/Company					
3162 COMMODORE PLAZA, SUITE 3E					
Address					
	COCONUT GROVE, FLO	RIDA 33133			
	City/State and Zip Code				
	la@aglawpa.com				
	E-mail address: (t	o be used for future annual report notific	eation)		
For further information co	oncerning this matter, please ca	ili:			
Ann Monge, Legal Assist	ant for the Firm	305 223-9999 at ()			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	e 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)		

· TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FILED

	SHADETEC LLC	2024 OCT 16	PM 12 03
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears rida Limited Liability Company)	on our records.)	FOR STATE
The Articles of Organization for this Limited Liability			
Florida document number L16000232550	·		
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the de	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	·		
	-	<u> </u>	
B. If amending the registered agent and/or registe agent and/or the new registered office address her		cords, <u>enter the r</u>	name of the new register
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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 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
AMBR	MIGUELVILLACRES	2900 NW 77 COURT	□Add
		MIAMI. FLORIDA 33122	≣Remove
			□Change
<u></u>			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			
			□ Change
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			□Remove
			□ Change

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n effective date is list te: If the date ins	ther than the date of filing sted, the date must be specific and obserted in this block does not more date on the Department of St	cannot be prior to date on the caption of the capplicable states.	of filing or more than 90 day		
ecord specifies a c is filed.	delayed effective date, but not a	1	12:01 a.m. on the earlier	of: (b) The 90th day after	the
ted	October 15	2024			
	()	/			

Typed or printed name of signee