117000011791

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JHARRIS

COVER LETTER

, TO:	Registration Sectorial Division of Corp			
SUBJE	ALLTEC LL			
SUBJE	CT:		ited Liability Company	
		mendment and fee(s) are submedence concerning this matter	_	
1100001	outri un concepcii	Yojans Lurbe	e in tono mig.	
			Name of Person	
		Alltec LLC		
			Firm/Company	*
		12271 SW 30 St		
			Address	· · · · · · · · · · · · · · · · · · ·
		Miami, FL 33175		
		vois-els@eil sa	City/State and Zip Code	
		yojanslc@gmail.com E-mail address: (t	to be used for future annual report notific	cation)
For furt	her information co	ncerning this matter, please ca	ıll:	
Yojans	Lurbe		786 218-8820	
	Name of	Person		Telephone Number
Enclose	d 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 Tallehassee, 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

ALLTEC LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on	and assigned
Florida document number L17000011791	<u>.</u> .	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
AMTEC ELECTRIC LLC		
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	•	بمند
(Principal office address MUST BE A STREET A		<u></u>
Frincipal Office address MOST BE A STREET AL	DDRESSI	inge (1)
Enter new mailing address, if applicable:		77.59
(Mailing address MAY BE A POST OFFICE BOX	0	्र स्टब्स
		2 =
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flor	
	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
MGRM	Ivan J Lurbe	13210 SW 17 Ln Apt 3	
		Miami, FL 33175	Remove
			Change
MGRM	Jose I Lurbe	13210 SW 17 Ln Apt 3	■ Add
		Miami, FL 33175	□ Remove
			Change
	and the state of t		
			☐ Remove
			☐ Change
			Add
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			7 1773
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			☐ Change

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	e date, if other than the date of filing: (optional) tive 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 605.0
<u>e:</u> If umer reco	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not's effective date on the Department of State's records. Output Department of State's records. Output Department of State's records.
<u>e:</u> If umer reco	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nt's effective date on the Department of State's records.
<u>e:</u> If umer reco he 9	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records. Ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier doth day after the record is filed.
<u>e:</u> If umer reco he 9	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed int's effective date on the Department of State's records. Out of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier out day after the record is filed. January 23 , 2017 . January 23 , 2017 .
<u>e:</u> If umer reco he 9	fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not's effective date on the Department of State's records. Out of specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier out day after the record is filed. January 23 , 2017 . Signature of a member or authorized representative of a member
te: If cumer reco	Tanuary 23 Signature of a member or authorized representative of a member Yojans Lurbe State inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed not seeffective date on the Department of State's records. Tanuary 23 Signature of a member or authorized representative of a member
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