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COVER LETTER

TO: Registration Se Division of Cor			
O F 1 ID 111 OUIS	OOOR GLASS MAINTENANG	CE, LLC	•*
SUBJECT:	Name of Limi	ited Liability Company	
m 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A control of factor and	-ived for filing	
	Amendment and fee(s) are sub		
Please return all correspo	indence concerning this matter	to the following:	
	ARACELIS CACHELA		
		Name of Person	
	ATAIS AGENCY INC		
		Firm/Company	
	8358 W OAKLAND PARI	K BLVD STE 2021.	
		Address	
·	SUNRISE FL 33351		
		City/State and Zip Code	
	ATAISAGENCY@GMAIL	COM to be used for future annual report noti	fication)
For further information of	oncerning this matter, please of		
ARACELIS CACHELA		305 766-0533	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration Division of C	Section	Street Address: Registration Se Division of Co	
P.O. Box 632	•	The Centre of 7	Fallahassee
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

HI-TECH DOOR GLASS MAINTENANCE, LLC

(Name of the Limited	1 Liability Compa A Florida Limited	ny as it now appears (Liability Company)	on our records.)	
The Articles of Organization for this Limited Lia Florida document number 1.17000019657	bility Company	were filed on $\frac{01/24}{2}$	W2017	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	oility company here	: :	
II-TECH MAINTENANCE SERVICE S LLC				
he new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applica	ble:	N/A		
Principal office address MUST BE A STREET		N/A		
		N/A		
Inter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE B	OX)	N/A		
	N/A			
3. If amending the registered agent and/or regent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:			ords, enter the nam	e of the new registe
	N/A		. Florida	-

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>	Name	Address	Type of Action
		N/A	
		N/A	□Remove
		N/A	□Change
		N/A	
		N/A	
		N/A	_
		N/A	
		N/A	_
		N/A	
		N/A	
		N/A	□Remove
		N/A	□Change
		N/A	□Add
		N/A	□Remove
		N/A	
		N/A	_
		N/A	
		N/A	□ Change

(optional)
days after filing.) Pursuant to 605.020 nents, this date will not be listed as
tier of: (b) The 90th day after the
er
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