L17000037182

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000310318 3)))

H17000310318 3SCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

17 NOV 30 AM 8:46 SALVATORI LAW OFFICE PLLC

17 NOV 30 AM 8:46 2017 NOV 30 FM 8:32

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : SALVATORI LAW OFFICE, PLLC
Account Number : 120170000055
Phone : (239)308-9191
Fax Number : (239)552-4185

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LJS@Salvatori.Legal

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ITEC, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu DEC 0 1 2017 Help

Y SULKER

((H17000310318 3))

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ITEC, 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 February 15, 2017 and assigned Florida document number L17000037182

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:
(Principal office address MUST BE A STREET ADDRESS)

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:

Name of New Registered Agent: Salvatori Law Office, PLLC

New Registered Office Address: 5150 Tamiami Trail North, Suite 304
Enter Florida street address

Naples, Florida 34103
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

{{{H17000310318 3}}}

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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

{{H17000310332 3}}

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated November 27 2017

Signature of a member or authorized representative of a member

Leo J. Salvatori

Typed or printed name of signer

Filing Fee: $25.00

{{H17000310332 3}}