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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
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COVER LETTER

	ation Secti n of Corpo			
	matech En	gineering LLC		
SUBJECT:		Name of Limi	Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: thun Ramazanov Name of Person thun Ramazanova. CPA Firm/Company 10 E. Hibiscus St. Address cston/ FL/ 33332 City/State and Zip Code nun.ramazanov@gmail.com E-mail address: (to be used for future annual report notification) ing this matter, please call: 10 St. 10	
The enclosed Art	ticles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all	correspond	ence concerning this matter	to the following:	
		Seyhun Ramazanov		
			Name of Person	
		Seyhun Ramazanova, CPA		
			Firm/Company	
		4000 E. Hibiscus St.		
			Address	
		Weston/ FL/ 33332		
			•	
				ouncadony
For further infor	mation con	cerning this matter, please cr	all:	
Seyhun Ramaza	nov			
Name of Person		Area Code Day	time Telephone Number	
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.)	يترز
(A Pionda Limited).	adminy Company)	
he Articles of Organization for this Limited Liability Company	were filed on $\frac{3/21/2017}{}$	and assigned
lorida document number 1.17000064449		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	ility company here:	
SIGMATECH ENGINEERING LLC		
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the a	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		the name of the
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cuy	Zip Code

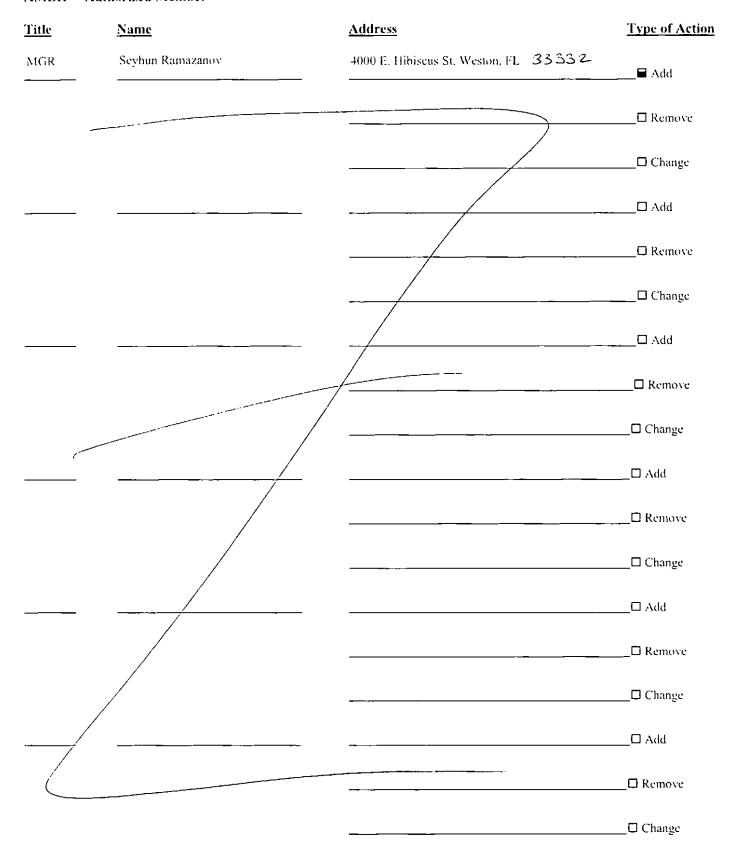
New Registered Agent's Signature, if changing Registered Agent:

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



									
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Effective date, if other tha	in the date o	of filling:		_ _		(opti	onal)		
an effective date is listed, the da	ate must be snee	cific and can	ant be prior to	date of filing	or more than	00 450 5 50	. CRail So.	arsuant to (605.02
Note: If the date inserted in locument's effective date on	the Departme	ent of State	's records.	ole statutory	ming requir	ements, thi	s date wil	I not be I	isted a
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e record specifies a de	layed effec	tive date	, but not	an effecti	ve time, a	t 12:01 a	a:m. on	the ear	rlier (
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Filippov Oleksii			Mh	l name of sign		PPOU	OLE	C(s)	. AUG -9