

L17000075611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

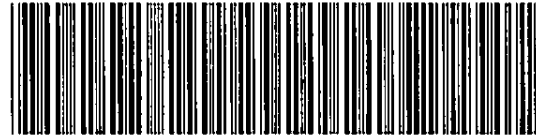
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

S. WARREN

NOV 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PLUS CONSTRUCTION TECH LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDGAR M ESCALONA DELGADO

Name of Person

Firm/Company

15340 NW 28 PL

Address

MIAMI GARDENS, FL 33054

City/State and Zip Code

1stchoicetrami@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDGAR M ESCALONA DELGADO

305 7098648
at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PLUS CONSTRUCTION TECH 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 04/04/2017 and assigned
Florida document number 117000075611.

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)

15340 NW 28 PL

MIAMI GARDENS, FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15340 NW 28 PL

MIAMI GARDENS, FL 33054

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:

EDGAR M ESCALONA DELGADO

New Registered Office Address:

15340 NW 28 PL

Enter Florida street address

MIAMI GARDENS


City

, Florida 33054

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

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STATE
TREASURY
FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	EDGAR M ESCALONA DELGAL	15340 NW 28 PL	<input type="checkbox"/> Add
		MIAMI GARDENS, FL 33054	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
SECR	DANIEL PINA SIGLER	1730 MADISON STREET, APT 2	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	OSMANY MARTINEZ PEREZ	1730 MADISON STREET, APT 2	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33020	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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NOTARY PUBLIC
STATE OF FLORIDA
1730 MADISON STREET, APT 2
HOLLYWOOD, FL 33020

[illegible]

(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)

(b) The 90th day after the record is filed.

10 / 27 ~~2017~~

EDGAR M ESCALONA DELGADO

FILED
17 NOV -2 PM 2:17
U.S. DISTRICT COURT
SOUTHERD DISTRICT
TALLAHASSEE, FLORIDA