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COVER LETTER

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Division of Cor	porations			
Alttec Grou	up LLC			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Jeff Bach			
		Name of Person	 	
	Alttec Group LLC			
	·	Firm/Company		
	111 S. Oleander Avenue	•		
		Address	 -	
	Sanford, FL 32771			
		City/State and Zip Code		
	jeff.bach@americanengir	·		
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all:		
Kat Nuckols		941 284-5421		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
	-	I	E 1, 640,00 UN U	
(m) \$25.00 Filing Fee	U \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy) is enclosed)	

Mailing Address:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Alttec Group 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 05/16/2017 and assigned Florida document number L17000108817 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 "LLC." 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: New Registered Office Address: Enter Florida street address . Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Integridad Techni Group, LLC	111 S. Oleander Ave, Sanford, FL 32771	(ii) Add
]Remove
			□Change
MGR	Wendy L. Bach		L Add
		1177 Kenwood Avenue, Winter Park, FL 32789	■Remove
			□Change
MGR	Jeffrey R. Bach		🗆 Add
		111 S. Oleander Ave, Sanford, FL 32771	
			□Change
			🗀 Add
			□Remove
			□Change
			LJAdd
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

		
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reffect: te: If	date, if other than the date of filing:	207 l as
cord s s filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he
cd	7-1-23	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00