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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WRIGHT-TECK CONSULTING 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:
JEAN WRIGHT Name of Person
WRIGHT-TECH CONSULTING Firm/Company
3766 SW MANAK ST
City/State and Zip/Code Company (1971) (20 Company (2004)) F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JEAN WUGHT at (9547091416) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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

WRIGHT TES	IDOCS LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liabi	lity Company were filed on MAY 19, 2	017and assig	gned
This amendment is submitted to amend the following	ng;		
A. If amending name, enter the new name of the NRIGHT TECK The new name must be distinguishable and contain the word	e limited liability company here: CONCULTING LLC s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicabl	e;		
(Principal office address MUST BE A STREET A	ADDRESS)		··-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	,	
	registered office address on our records, ente	r the name of	:
registered agent and/or the new registered office	e address here:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	64 :6	
		<u>j</u> r	
-	, Florida _	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

NIA

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 **Type of Action** Title Name Address □ Add ☐ Remove Change _□ Add □ Remove □ Remove 8 Charge Remove ☐ Change □ Add _□ Remove _ Change _□ Add ☐ Remove

☐ Change

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Effective date, if other than the date of filing:		(optional)	Z.,		
(If an effective date is listed, the date must be specific and cannot be prior to Note: If the date inserted in this block does not meet the applicab document's effective date on the Department of State's records.	le statutory filing requ	an 90 days after filing.) P uirements, this date wi	tursuant to 6	605.020 isted a)7 IS
the record specifies a delayed effective date, but not. The 90th day after the record is filed.	an effective time,	, at 12:01 a.m. or	i the ear	ner of	7:
0010119010	Febali	2018			
Dated U2 01 2010	. report	0.0.0			
Dailed ,					
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Signature of a member or authori	zed representative of a r	nember			

Page 3 of 3

Filing Fee: \$25.00