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COVER LETTER

TO: Registration S Division of Co			
	inovation and Telecommunicati	ons LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Mayra Lopez		
		Name of Person	
		Firm/Company	
	740 Magenta Dr.		
	Ococc, FL 34761	Address	
	zonalatinact@aol.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information (concerning this matter, please c	all;	
Mayra Lopez		860 997-6154	
Name (of Person	at () Area Code Daytimo	2 Felephone Number
Enclosed is a check for t	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

Infinitic Innovation and Telecommunications 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 _____ and assigned Florida document number _____ E17000127600 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Teciit Innovation and Telecommunications LLC. 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

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

		·	<u> </u>			
or removed from our records:						
MGR = AMBR =	Manager Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	(optional) than 90 days after filing.) equirements, this date w	Pursuant to 605.0207 (3)(b till not be listed as the
If the record specifies a delayed effective date, but not an effective tim (b) The 90th day after the record is filed.	ne, at 12:01 a.m. o	n the earlier of:
June 28 2017 Dated		
May Signature of assembly or authorized representative of	a manhar	
	а інстиост	
Mayra Lopez		

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Typed or printed name of signee

Filing Fee: \$25.00