LTOUZHOEL

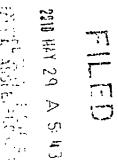
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

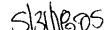
Office Use Only



600311301016

04/23/18--01020--002 **35.00







April 25, 2018

RAMON DAVID ORTIZ 9325 SW 220 TERR CUTTKER BAY, FL 33190

SUBJECT: INGENIERIA TUBULARES Y CONSULTORES LLC

Ref. Number: L17000246862

We have received your document for INGENIERIA TUBULARES Y CONSULTORES LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL CORP, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00008478

ÇŢ

COVER LETTER

Div	ision of Corpe	orations				
eimiect.		TUBULARES Y CONSULT	TORES LLC			
SUBJECT:		Name of Limit	ed Liability Compan	у		
The enclosed	Articles of A	mendment and fee(s) are subm	nitted for filing.			
Please return	all correspond	lence concerning this matter to	o the following:			
		RAMON DAVID ORTIZ				
			Name of Perso	ភា		
			Firm/Company	y		
		9325 SW 220 TERRACE		. , .		
			Address			
		CUTLER BAY, FL 33190				
		ramondavid54@gmail.com	City/State and Zip	Code		
		E-mail address: (to	be used for future a	nnual report notific	cation)	
For further i	nformation con	cerning this matter, please cal	1:			<u> </u>
RAMON D	AVID ORTIZ		786 at (5270462	777	35
	Name of F	erson	Area Code	. Daytime	Telephone Number	1 29 A
Enclosed is	a check for the	following amount:			·	<u>ن</u> ج
□ \$25.00 f	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional copy	ру	S60.00 Filing Certificate o Certified Cop (additional copy	Fee, fStatus & py
	MAILIN	G ADDRESS:	STI	REET/COURIE	R ADDRESS:	

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

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INGENIERIA TUBULARES Y CONSULTORES LL	С			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17000246862 This amendment is submitted to amend the following:	were filed on 12/01/2017		_ and ass	signed
-				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	r the abbre	viation "L	.L.C."
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 of registered agent and/or the new registered office address here		enter th	e name	of the new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address	<u></u>	1 1147 20	
	City , F 101		Zip Code	17.7
New Registered Agent's Signature, if changing Registered Agent:		<u></u>	الم	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	I am fan S. Or, if	illiar wii this doci	th and ument is

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

<u>Title</u>	Name	Address	Type of Action
MBR	EDUARDO NICOLAS BASTIDAS	8020 NW 71ST ST	= Add
		MIAMI, FLORIDA 33166	☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			> ☐ Remove
			N 2 □ Change
			Add-
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

			A Al to return 1990			
Pated MAY 24	Signature of a member of	2018	e of a member			
The 90th day after the re	ecord is filed.	Z	and, of 12.01	3.111. V 1		. ACT O
e record specifies a delay	ed effective date: but	not an effective	time, at 12:01	a.m. o		rlier of
ocument's effective date on the	Department of State's reco	rds.	'	٠.	.= _	
an effective date, if other than the an effective date is listed, the date in this total in this	nust be specific and cannot be p	rior to date of filing or to plicable statutory filing	nore than 90 days aft	er filing.) P	ursuant to	605.02 <u>0</u> 7 listed as
fective date, if other than ti	he date of filing:		(op:	tional)		; ;
		··· ·			29	
				7,41	WE I	`.
					<u> </u>	
· · · · · · · · · · · · · · · · · · ·	-40 (90)		 			
						
				<u> </u>		
			.	<u></u>		
						_
					,	_
						
						_

Page 3 of 3

Filing Fee: \$25.00