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## **COVER LETTER**

го:	Registration Sec Division of Cor				
		l Tech Solutions, LLC			
Name of Limited Liability Company					
The enc	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Deborah M Rodriguez			
			Name of Person	<u></u>	
		Deal Global Tech Solution	s,LLC		
			Firm/Company	<del></del>	
		6043 SW 26Th St			
			Address	<del>_</del>	
Miramar, Fl 33023					
City/State and 2			City/State and Zip Code		
		dealglobalts@gmail.com	to be used for future annual report noti	<b>C</b>	
For furtl	ner information c	oncerning this matter, please co	-	ication	
Deboral	h M Rodriguez		954 9807079 at( )		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclose	d is a check for th	ne following amount:			
<b>\$</b> 25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

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

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appea Liability Company)	rs on our records.)	<del></del>
The Articles of Organization for this Limited L Florida document number L18000000675	iability Company	were filed on	01-02-18	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company h	ere:	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		19 J
Principal office address MUST BE A STRE				F 22
1				2 2
				<b>3</b> 300
Enter new molling address if applicables		N/A		Sia NAMA
Enter new mailing address, if applicable:				<del>- 8 👳 -</del>
(Mailing address MAY BE A POST OFFICE	<u>: BOX)</u>			:6
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	_		n our records, <u>enter</u>	the name of the
rimine of right registered registre.				
New Registered Office Address:	N/A	Futer Ele	rida street address	
	NT/4	Enier Filo	riud sireet aaaress	
	N/A		, Florida	
		City		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

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>	Type of Action
AMBR	Alexander Grijak	6043 SW 26TH ST MIRAMAR, FL 33023	
			Remove
			🗖 Change
PRESI	Deborah M Rodriguez	6043 SW 26TH ST MIRAMAR, FL 33023	<b>∃</b> Add
			Remove
			Change
VP/MG	Jorge Luis Franco Calkitis	6043 SW 26TH ST MIRAMAR, FL 33023	Add
			☐ Remove
			Change
	N/A	N/A	
	<del></del>	N/A	Add
			□ Remove
		N/A	
	N/A		Change
		N/A	
		N/A	☐ Remove
	N/A	N/A	
		N/A	Add
			Remove
		N/A	