118000009948

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	ntronics AV L	LC		
SUBJECT:		ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	<u>Carlos</u> L	Linares Name of Person	Jr.	
		nics AVL		
	3900 L	Firm/Company akevieu Ac	res Rd.	
		Address		
	St. Cloud	d Fl. 347	72	
		City/State and Zip C		
		6015@gmc to be used for future an		ion)
For further information co	oncerning this matter, please ca		ida report notifical	
Carlos L.L	_		940-7	1624
Name of		Area Code	Daytime Te	elephone Number
Enclosed is a check for th	e following amount:			/
□ \$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing t Certified Copy (udditional copy	<i>t</i>	
	NG ADDRESS:	1	EET/COURIER	ADDRESS:
~	ation Section n of Corporations		stration Section ion of Corporation	ons
P.O. Bo	ox 6327	Clift	on Building	
i ailaha	ssee, FL 32314		Executive Cente hassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Lintronics AV LL	1
(Name of the Limited Liability Company as (A Florida Limited Liability	tnow appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\underline{L18000009948}$	filed on January 11, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviationL.C.
Enter new principal offices address, if applicable:	ARE HATT
(Principal office address MUST BE A STREET ADDRESS)	272 SS
	AN II: 2
Enter new mailing address, if applicable:	1 1 1 1 1 1 1 1 1 1
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	City Zip Code
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfeacept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office addressing the company has been notified in writing of this change.	ormance of my duties, and I am familiar with and dea for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma $AMBR = Au$	nager thorized Member			
<u>Title</u>	<u>Name</u>	<u>Address</u>		Type of Action
MGR	Carlos L. Linares Jr.	3900	Lakeview Acres Road	Add
Thange to	Carlos L. Linares Jr. MGR from Pres)	St. Clo	d F1.34772	Remove
				🗹 Change
		_		
				□ Remove
				Change
				Remove
				Change
				□ Adđ
				□ Remove
				Change
				🗀 Add
				Remove
				Change
			1200	□ Add
				Remove
				Change

. It am	ending any other information, enter change(s) here: (Attach additional sheets, if necessar	y.)	
			٦×
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		JAN 2.1	TAR TASS
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		<u>=</u> 	STA1 LORI
		•	D.W.
			
			
		n.	
(if an e	ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fling or more than 90 days after filing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date inserted at on the Department of State's records.	ig.) Pursuant to 60:	5.0207 (3) ed as the
f the r b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m ne 90th day after the record is filed.	. on the earli	er of:
Date	d January 19 2018		
	Signature of a member or authorized representative of a member		
	Signature of a member or authorized representative of a member Carlos L. Linares Jr.	_ —	

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Filing Fee: \$25.00