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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

	Registration Section Division of Corporation		Untitled			
SUBJ	ECT: <u>JEPRE</u>	1E TEC Name of Lim	HN/CBL ited Liability Company	SERV	163	CLC.
The er	nclosed Articles of Amenda	nent and fee(s) are sub	mitted for filing.			
Please	return all correspondence of	concerning this matter	to the following:			
		LINA	MiRSAL Name of Person	IM		
,			Firm/Company			
	_/.	0301	US Hw	y 27	50 IT	€ 105
	_0	_ Ler M	City/State and Zip Coo	. 34 le	4711	
		POSINSO E-mail address: (TALL C 1 to be used for future annu	foTMA al report notification	16. Co	5m
For fu	ather information concerning	g this matter, please ca	all;			
L	Name of Person	SALIM	at (<u>353</u>) Area Code	988 Daytime Tele	704°	<u></u>
Enctor	ed is a check for the follow	ing amount:				
t√ \$2		0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fed Certified Copy (additional copy is c		Certified	e of Status &
	MAILING AD Registration Ser Division of Cor P.O. Box 6327 Tallahassee, FL	porations	Registr Divisio Clifton 2661 E	ET/COURTER Anation Section of Corporation Building Executive Center Casses, FL 32301	s	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SEPREME TECH	PNICAL SERVICES LLC pany as it now appears on our records.) d Liability Company)
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L180000128</u>	by were filed on $\frac{O/O9/2018}{CO7}$ and assigned
This amendment is submitted to amend the following:	,
	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L.L.C" or the abbreviation "L.L.C."
anter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	CRETAT LAHAS
Yave new mailing address, if applicable:	
(Sigiding address MAY BE A POST OFFICE BOX)	
	å å å å å å å å å å å å å å å å å å å
7 C. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new ere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	1:

Levely 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

3

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
MER.	DOUGLAS RICO	(2533 SULCIVAN RD) CLERMONT, FL 34711	DRemove
			Change
			D Add
			□ Remove
			☐ Change
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			Change
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re date, if other than the date of filing: etive date is listed, the date must be specific and cannot be prior to date of fi	(optional)
ctive date is listed, the date must be specific and cannot be prior to date of fi f the date inserted in this block does not meet the applicable statut	ory filing requirements, this date will not be li
ent's effective date on the Department of State's records.	
ord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.m. on the ear
90th day after the record is filed.	
2/7.2/ 2018	
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Lim Mr	
	sentative of a member

Page 3 of 3

Filing Fee: \$25.00