LIECCO25466

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





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07/11/18--01011--003 **25.00



COVER LETTER

TO: Registration Division of C			
SUBJECT:	ETEC Name of Limi	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
		Name of Person CH US LLC. Firm Company	
	TALLA	Address HASSEE, FL City/State and Zip Code MUSTANI o be used for future annual report notifi	3231)
For further information	concerning this matter, please ca	ill:	ابي
FAWZI	M. SIAM	at (\$\frac{\cappa 50}{\text{Area Code}}\) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	- 765 1 Telephone Number
Enclosed is a check for	the following amount:		
\$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 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

ETECH US	LLC.	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000 23486</u> .	were filed on $O \sqrt{25} $	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		T&7:
(Principal office address MUST BE A STREET ADDRESS)		1
		, <u> </u>
Enter new mailing address, if applicable:		>
(Mailing address MAY BE A POST OFFICE BOX)		<u></u> 1
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	F 01	
	Enter Florida street address	
	, Floric	da
	Cite	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>	Name	Address	Type of Action
MGR	ALSAYYED, NIDAL	796 EAGLE VIEW DE TALLAHASSEE, FL32311	Add Remove
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Sective date, if other than the date of filing:	of filing or more than 90 days after filing.) Pursuant to 605.0207
record specifies a delayed effective date, but not an ethe 90th day after the record is filed.	
FAWZI SIA-1 Signature of a member or authorized r	
	V >
FAWZI STAT	1 8

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Filing Fee: \$25.00