

L180000 41988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

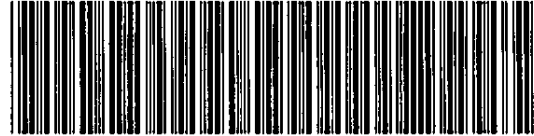
(Business Entity Name)

(Document Number)

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2018 APR 30 AM 10:18

MAY 01 2018  
J. HARRIS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LAC TECHNOLOGY SOLUTIONS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLAUDIO JORGE RODRIGUEZ

\_\_\_\_\_  
Name of Person

C/O MIAMI ACCOUNTING & TAX SERVICES LLC

\_\_\_\_\_  
Firm/Company

13899 BISCAYNE BLVD PH9

\_\_\_\_\_  
Address

NORTH MIAMI BEACH, FL 33181

\_\_\_\_\_  
City/State and Zip Code

RUBEN@MIATAX.COM

\_\_\_\_\_  
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

RUBEN ZURGA

786 657-2521

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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**

LAC TECHNOLOGY SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/15/2018 and assigned  
Florida document number L18000041988.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MIAMI ACCOUNTING & TAX SERVICES LLC

New Registered Office Address:

13899 BISCAYNE BLVD PH9

*Enter Florida street address*

NORTH MIAMI BEACH

*City*

Florida 33184

*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>	<u>Type of Action</u>
AMBR	CENTER WIND CORP	753 SHOTGUN ROAD	<input type="checkbox"/> Add
		SUNRISE, FL 33326	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ, CLAUDIO J.	Maipu 712 4* D	<input checked="" type="checkbox"/> Add
		Buenos Aires, Argentina 1006	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FARIÑA, ROXANNA A.	Maipu 712 4* D	<input checked="" type="checkbox"/> Add
		Buenos Aires, Argentina 1006	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ, LUCAS C.	Maipu 712 4* D	<input checked="" type="checkbox"/> Add
		Buenos Aires, Argentina 1006	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ, CANDELA A.	Maipu 712 4* D	<input checked="" type="checkbox"/> Add
		Buenos Aires, Argentina 1006	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b),

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

2018

Signature of a member or authorized representative of a member

Claudio Rodriguez

Typed or printed name of signee

FILED  
2018 APR 30 AM 10:18  
FBI - NEW YORK