## 11800051685

(Re	questor's Name)	
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(Ad	dress)	<u>-</u>
(Cit	y/State/Zip/Phone	=#)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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04/16/18--01019--028 \*\*25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: VIVA Q Tech Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Mayol Surmiento Name of Person
Techoll Firm/Company
4800 S. Westshore BlvD Apt 336
1ampa, Fl, 33611 City/State and Zip Code
May col beneft 81? ve. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
May Sumiento at (813) 947 - 0659  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Cadditional copy is enclosed}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ \$\ \text{Certified Copy} (additional copy is enclosed)}\$\$ \$\ \end{Tensor}\$\$ \$\ \end{Tensor}\$\$\$ \$\ \end{Tensor}\$\$ \$\ \end{Tensor}\$\$\$ \$\ \end{Tensor}\$\$\$ \$\ \end{Tensor}\$\$\$ \$\ \end{Tensor}\$\$\$ \$\ \end{Tensor}\$\$\$ \$\ \en

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

ViVA LA	Tech	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 Liab		were filed onOC	105/55/5	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of th	e limited liabil	lity company here:		
Techoll LLC	<u></u>	•		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	ty Company," the designa	ation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable	le:	4800 S.	<u>Westshore</u>	Blud
(Principal office address MUST BE A STREET A	ADDRESS)	Tampa, F	<u> -1 33611</u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or	<del></del>	4800 S. 1ampa, F Apt 336	westshore 1 33611	SE S
registered agent and/or the new registered offic				がる。
Name of New Registered Agent:  New Registered Office Address:	May 4800	S. Westsh Enter Florida st	iento ore Blud	201 N APT 336
-	1am	O() City	, Florida	33611 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>	Address	Type of Action
MGR	Youana Betancur	8950 Iron Oak ave	Add
		Tampa, Fl 33647	Remove
			Change
MGR	Maycol Sarmiento	4800 S. westshore Blud	<b>_</b> ZA Add
		Tampa, F1,33611	Remove
		Apt 336.	Change
AMBR	Ainou Amezagu	4800 S. westshore Blue	<b>D</b> S Add
		Tampa, F1, 33611	□ Remove
		Apt 336	Change
			D Add
			🗆 Remove
			Change
			□ Add
		<del></del>	Remove
			Change
			Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
	<b>4</b>
-	ALECTION AND ALECTION ALECTION AND ALECTION AND ALECTION AND ALECTION AND ALECTION ALECTION AND ALECTION AND ALECTION ALECT
	APR APR
•	Sign -
•	
-	PROPERTY.
-	
(If an ef Note:	tive date, if other than the date of filing: 03 0 0 0 (optional)  Tective 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 (optional)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	
	Munty Anny
	Signature of a member or authorized representative of a member
	Mayol Symiento Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00