## L180000241940

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
e1:D 11		THE ART BUILDINGS LLC		
SUBJE		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Roberto Di Lena		
		<u>.</u>	Name of Person	
		Enterprise Resource Plann	ing Inc.	
			Firm/Company	
		1000 NW 57 CT Ste. 1040		
			Address	
		Miami, FL 33126		
		flavio@sherlockfinder.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report no	tification)
For fur	ther information c	oncerning this matter, please ea	all:	
Robert	o Di Lena		305 471-5874 at ()	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclos	ed is a cheek for th	ne following amount:		
	5.00 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)
	Registi Divisio	ING ADDRESS: ation Section on of Corporations	STREET/COUF Registration Sect Division of Corp Clifton Building	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2019 APR 15 PM 4: 07

STATE OF THE ART BUILDINGS 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 10/12/2018	and assigned				
Florida document number L18000241940						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabi	lity company here:					
High Tech Group LLC						
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ne abbreviation "L.L.C."				
Enter new principal offices address, if applicable:		<u></u>				
(Principal office address MUST BE A STREET ADDRESS)						
<del></del>						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the new				
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:						
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and 1 or provided for in Chapter 605, F.S.	un familiar with and Or, if this document is				

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 = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change
			Add
			_ □ Remove
			☐ Change
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		<del></del>	Remove
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Effective date If an effective date Note: If the da document's effi	te inserted in thi	is block does i	not meet the	applicable s	tatutory filing	g requiremei	ns, this date	.) Pursuant to 6 will not be li	:05,020 isted a:
	ecifies a dela ay after the			ut not an	effective t	ime, at 12	2:01 a.m.	on the ear	tier c
	st.		2019						
April I			·						
Dated April 1			1	12.					
Dated April 1			1	2					
Dated April 1		Signature	of a member of	Fauthorized	representative	of a member			

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Filing Fee: \$25.00