## 119000038505

(Requ	iestor's Name)	
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(City/S	State/Zip/Phone	<del>(#)</del>
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

Office Use Only



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Amend

JUL 27 2019

ALBRITTON

## **COVER LETTER**

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SUBJE	Teksynergi			
o de la como	· · ·		ited Liability Company	<del></del>
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Rolando Valenzuela		
		<del></del>	Name of Person	<del></del>
		Teksynergies LLC		
			Firm/Company	<del></del>
		4297 SW MCCLELLEN S	ST	
			Address	
		PORT SAINT LUCIE, FL	ORIDA 34953	
		<del></del>	City/State and Zip Code	<del></del>
		ROLANDO_V@HOTMAI	L.COM	
		E-mail address: (	to be used for future annual report notif	ication)
For furth	ner information c	oncerning this matter, please ca	all:	
	Name o	f Person	at () Area Code Davtime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>■ \$</b> 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



July 16, 2019

ROLANDO VALENZUELA 4297 SW MCCLELLEN ST PORT SAINT LUCIE, FL 34953

SUBJECT: TEKSYNERGIES LLC Ref. Number: L19000038505

We have received your document for TEKSYNERGIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

You failed to sign and date in the spaces provided on the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 119A00014439

Irene Albritton Regulatory Specialist II

019 JUL 26 PH 1: 41

Division of Communitions D.O. BOY (2007, Mallahama, El. 14, 2001,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF:

**TEKSYNERGIES LLC** 

- Mars (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 02/07/2019 and assigned Florida document number 119000038505 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 "LLC." 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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	HORACE GILCHRIST	4268 SW SAVONA BLVD PORT SAINT LUCIE, FL 34953	
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			□ Add
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ective date, if other than the date of filing:  ceffective date, if other than the date of filing:  ceffective 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 (2)  get (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the unneal's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: the 90th day after the record is filed.		RECEIVED MY EIN NUMBER FROM IRS. SEE BELOW
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: he 90th day after the record is filed.  The polynomial of a member or authorized representative of a member	•	EIN: 83-3640364
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	ted	7/22/19
		Signature of a member or authorized representative of a member
		ROLANDO VALENZUELA

Page 3 of 3

Filing Fee: \$25.00