

119 0000 779 44

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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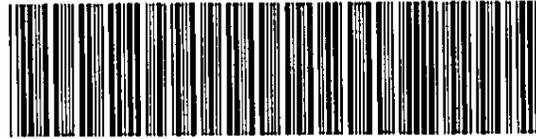
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
MAR 01 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CCTI SAS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

DEYANIRE GONZALEZ  
Name of Person  
ALL AMERICAN CORPORATE AND IMMIGRATION SERVICES LLC  
Firm/Company  
950 S PINE ISLAND RD SUITE 1008  
Address  
PLANTATION FLORIDA, 33324  
City/State and Zip Code  
DEYANIRE@MYBLRS.NET  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DEYANIRE GONZALEZ at ( 305 ) 9108081  
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 Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

SECRET  
TALLAHASSEE, FL

2022 FEB 21 PM 6:39

PHEN

EP

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CCTI SAS 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 03/20/2019 and assigned Florida document number L19000077944.

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)

SEP 21 2019 6:39 PM  
TALLAHASSEE, FL

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*

\_\_\_\_\_, Florida \_\_\_\_\_  
*City 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**

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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>
MGR	CENTRO DE CAPACITACION Y	CL 52 14 83 EDIF TOSCANA LOFT 201 BOGOTA, C	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	GERMAN ROJAS	175 S.W. 7th St Suite #2201 Brickell, FL 33130	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add
			<input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

2022 FEB 21 PM 6:39  
 TALLAHASSEE, FL  
 STATE  
 REMOVE  
 ADD  
 CHANGE  
 REMOVE

PENDING

CP

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

COMPLETE NAME, ABOVE MENTIONED

CENTRO DE CAPACITACION Y CONSULTORIA EN TECNOLOGIAS DE LA INFORMACION SAS

Multiple horizontal lines for amending information.

2022 FEB 21 PM 6:40  
TECHNICAL SERVICE STATE  
TALLAHASSEE FL

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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated January 15

Handwritten signature of Carlos E. Ortiz, dated 2022.

Signature of a member or authorized representative of a member

CARLOS E. ORTIZ

Typed or printed name of signee

Filing Fee: \$25.00

Handwritten mark or signature.