

119 0000 779 44

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

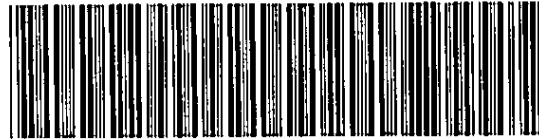
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600382064256

02/22/22--01007--017 **25.00

FILED
2022 FEB 21 PM 6:39
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@MYBLS.NET

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

For further information concerning this matter, please call:

DEYANIRE GONZALEZ 305 9108081
Name of Person at 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

RECEIVED
TALLAHASSEE, FL
FEB 21 2022

2022 FEB 21 PM 6:39

FILED

22

**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)

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

9

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	<input type="checkbox"/> Add
		Suite #2201 Brickell, FL 33130	<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

2/22/2021 PM 6:39
 TALLAHASSEE, FL
 SECURED
 REMOVE
 ADD
 CHANGE

FILED

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

FILED
2022 FEB 21 PM 6:40
TECHNICAL SERVICE
TALLAHASSEE, FL

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

2022

Signature of a member or authorized representative of a member

CARLOS E. ORTIZ

Typed or printed name of signee

Filing Fee: \$25.00

4