## 119000 202341

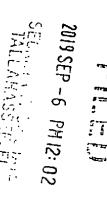
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## **COVER LETTER**

Division of Corp	orations		
CITIES RECOVER.	Rep Group, LLC		
30 <b>03</b> LC1.	Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
~	Antonio Zamora		
,		Name of Person	
	Zamora & Hernandez, PLL0	C	
	<del></del>	Firm/Company	<del></del>
	9485 SW 72 Street Suite A2	265	
		Address	
	Miami, Florida 33173		
		City/State and Zip Code	
	azamora@zhaccounting.com	be used for future annual report notifi	cotion
Eas forther information on		-	canony
ror turner information co	ncerning this matter, please cal	H;	
Antonio Zamora		305 665-6560	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Tecno Elec Rep Group, LLC				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L19000202341	and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liah	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		177. 019		
		H H		
		5		
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her  Name of New Registered Agent:	· •	enter the name of the		
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j	- rec to act in this capacity. I furth c performance of my duties, and i	I am familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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	Bolanos Nava, Alvaro	1846 NW 82 Avenue	
		Doral, Florida 33126	= Remove
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(If an effectiv Note: If the	e date is listed, the d he date inserted in	an the date of fil date must be specific in this block does no in the Department o	and cannot be pri of meet the appl	icable statutory fi	r more than 90 days af	tional) ter filing.) Pursuant to 605 his date will not be liste	i.0207 (3 ed as th
the record The 90	I specifies a do th day after th	elayed effective he record is file	e date, but r ed.	not an effectiv	e time, at 12:01	a.m. on the earlie	er of:
Dated Aug	gust 21		2019				
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		168:000000000000000000000000000000000000		iliaasin ka		<del>-</del>	
		/~Signature of	re memoer or au	thorized representat	ive of a member		
			1				

Page 3 of 3

Filing Fee: \$25.00