

L19000285193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

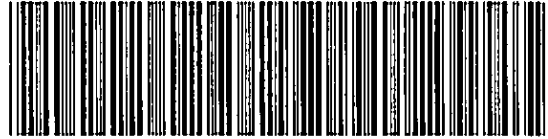
(Business Entity Name)

(Document Number)

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2020 APR 20 PM 4:40

QMA  
5-1-20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EGC TECHNOLOGIES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICTOR AGNELINI

\_\_\_\_\_  
Name of Person

EGC TECHNOLOGIES LLC

\_\_\_\_\_  
Firm/Company

800 WEST CYPRESS CREEK ROAD, SUITE 390

\_\_\_\_\_  
Address

FORT LAUDERDALE / FLORIDA 33309

\_\_\_\_\_  
City/State and Zip Code

INFO@EGCTEK.COM

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

For further information concerning this matter, please call:

VICTOR AGNELINI

954 610-1862  
\_\_\_\_\_  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

EGC TECHNOLOGIES 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 NOVEMBER 15, 2019 and assigned  
Florida document number L19000285193.

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 "L.L.C."

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

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	JUAN DA SILVA	6977 HALTON PARK LANE	<input type="checkbox"/> Add
		COCONUT CREEK, FL. 33063 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN CARLOS SALLEG	800 W CYPRESS CREEK RD. SUITE 390	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL. 33301	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN SANTAELLA	240 CRANDON BLVD. SUITE 271	<input type="checkbox"/> Add
		KEY BISCAYNE, FL 33149 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ENRIQUE GARCIA	799 CRANDON LVD. APT. 603	<input type="checkbox"/> Add
		KEY BISCAYNE, FL 33149 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARNALDO GONZALEZ SOSA	800 W CYPRESS CREEK RD, SUITE 390	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JORGE SPINGOLA IBARRA	800 W CYPRESS CREEK RD, SUITE 390	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33309 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**