

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GOYENECHEA PROFESSIONAL SERVICES LLC
Account Number : I20190000078
Phone : (561)341-1582
Fax Number : (561)264-6286

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TECNE LLC

Certificate of Status	0
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NOV 16 2023
T. LEMIEUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TECNE 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:

PABLO E GOYENECHEA
Name of Person

GOYENECHEA PROFESSIONAL SERVICES LLC
Firm/Company

3175 S CONGRESS AVE, SUITE 305-C
Address

PALM SPRINGS, FLORIDA 33461
City/State and Zip Code

admin@gpscontador.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PABLO E GOYENECHEA at (561) 341-1582
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TECNE 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 06/09/2020 and assigned
Florida document number L20000158756.

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:

3175 S CONGRESS AVE, SUITE 305-C

(Principal office address MUST BE A STREET ADDRESS)

PALM SPRINGS, FLORIDA 33461

Enter new mailing address, if applicable:

3175 S CONGRESS AVE, SUITE 305-C

(Mailing address MAY BE A POST OFFICE BOX)

PALM SPRINGS, FLORIDA 33461

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>
AMBR	APONTE DEZZEO, CARLOS D	2800 THUNDERBIRD RD	<input type="checkbox"/> Add
		SEBRING, FL 33872-3419	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEZZEO RONDON, GABRIEL	2800 THUNDERBIRD RD	<input type="checkbox"/> Add
		SEBRING, FL 33872-3419	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEZZEO ALDANA, ELCIDA R	3175 S CONGRESS AVE. SUITE 305-C	<input checked="" type="checkbox"/> Add
		PALM SPRINGS, FLORIDA 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

