# L21000268791

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2021 SEP 20 PM 3: 09
SECKETARY OF STATE
SEC

### **COVER LETTER**

	Registration Sec Division of Corp			
eud IEC				
SUBJEC	1:	Name of Limi	ted Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please ret	turn all correspo	ndence concerning this matter	to the following:	
		PABLO GUEVARA	<u> </u>	
			Name of Person	
SERMATEC ENVIRONMENTAL LLC				
	Firm/Company			<u> </u>
719 PALMWAY ST SUITE 103				
		·	Address	<u> </u>
		KISSIMMEE, FLORIDA	34744	_
			City/State and Zip Code	
		MATEC ENVIRONMENTAL LLC  Name of Limited Liability Company  tles of Amendment and fee(s) are submitted for filing.  PABLO GUEVARA    Name of Person		
For furth	er information c			incarion
CARIDA	AD OJEDA			
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	I is a check for th	he following amount:		
<b>≡ \$</b> 25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			oution
	_		•	
	D O D (20		The Centre of	-

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO

FILED

# ARTICLES OF ORGANIZATION 2021 SEP 20 PM 3: 09 **OF**

SECRETARY OF STAD TALLAHASSEE, FLOOR

#### SERMATEC ENVIRONMENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)

1 A)	ionda Limited	Liability Company)		
The Articles of Organization for this Limited Liabil Florida document number L21000268791	ity Company	were filed on 06	/09/2021	and assigned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company h	ere:	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the	designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NONE		
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:		NONE		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office address have a Name of New Registered Agent:		address on our	records, <u>enter the r</u>	name of the new regist
New Registered Office Address:			<u></u>	
		Enter Flo	rida street address	
-		City	, Florida	Zip Code
New Registered Agent's Signature, if changing Reg	istored Agent	•		Esp Cine

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 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>	Address	Type of Action
MGR	PABLO GUEVARA	719 PALMWAY ST SUITE 103, KISSIMMEE,	🗏 Add
		FLORIDA 34744	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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(If an effective Note: If th	date, if other than the date of filing:	i.0207 ( ed as ti
ne record spectral is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after	r the
Dated	SEPTEMBER 16 2021	
-	Signature of a member or authorized representative of a member	
	PABLO GUEVARA	
	Typed or printed name of signee	

Filing Fee: \$25.00