

L22 000 075 045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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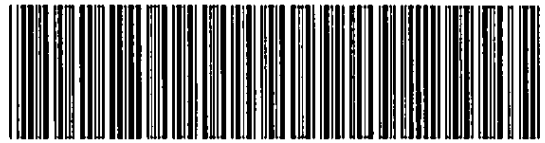
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
ALABAMA, FL

2022 OCT 18 AM 11:13

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TECNOPAC SOFTWARE CONSULTING 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:

SAMUEL RODRIGUEZ

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

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

3087 HAMBLIN WAY

\_\_\_\_\_  
Address

WELLINGTON, FL 33414

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

aidalui5@hotmail.com

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

FILED  
2002 OCT 18 AM 11:13  
CLERK OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

AIDA CERTUCHE

954

7321050

at (\_\_\_\_\_) \_\_\_\_\_

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

\_\_\_\_\_  
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

## TECNOPAC SOFTWARE CONSULTING LLC

The Articles of Organization for this Limited Liability Company were filed on 02-15-2022 and assigned Florida document number L22000075045

**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**

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	DANIEL RAMIREZ	3087 HAMBLIN WAY WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BOLIVAR VERBEL	3087 HAMBLIN WAY WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GILBERTO CASTANEDA	3087 HAMBLIN WAY WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HAIBER BARREDA	3087 HAMBLIN WAY WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RICARDO CHAPARRO	3087 HAMBLIN WAY WELLINGTON, FL 33414	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2013  
JAN 13  
AMBR 13  
STATE  
FL

DEC 18 AM 11:18  
CLERK OF STATE  
TAMPA, FL

MAILED  
JUN 18 1968  
U.S. DEPT. OF STATE  
TAMMSEEE, FL

(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.

2022

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

Signature of a member or authorized representative of a member

Aida Lucia Certeche

Typed or printed name of signee

**Filing Fee: \$25.00**