

Division of Corporations

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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

From:  
 Account Name : RC TAX SERVICE LLC  
 Account Number : I20140000083  
 Phone : (407)932-0040  
 Fax Number : (407)520-5473

**\*\*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  
 SUSOTECH LLC

Certificate of Status	0
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2022 MAY -3 PM 2:23

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AND  
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Electronic Filing Menu

Corporate Filing Menu

Help

2022 MAY -3 PM 4:55

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SUSOTECH 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:

JHOANNA V BUSTAMANTE GONZALEZ

Name of Person

SUSOTECH LLC

Firm/Company

4508 NW 114TH AVE DORAL APT 2109

Address

MIAMI, FL 33178

City/State and Zip Code

Susotech251@gmail.com

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

For further information concerning this matter, please call:

JHOANNA V BUSTAMANTE GONZALEZ

at ( 786 ) 771-7188

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2414 N. Monroe Street, Suite 810

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 04/05/2022 and assigned Florida document number L22000153779.

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:

JHOANNA V BUSTAMANTE GONZALEZ

New Registered Office Address:

4508 NW 114TH AVE DORAL #2109

*Enter Florida street address*

MIAMI

, Florida

*City*

33178

*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	JHOANNA V BUSTAMANTE GC	4508 NW 114TH AVE DORAL APT 2109	<input type="checkbox"/> Add
		MIAMI, FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JHOANNA V BUSTAMANTE GC	4508 NW 114TH AVE DORAL APT 2109	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

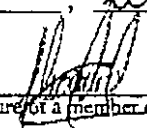
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated 05 / 03, 2022.

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

JOANNA V BUSTAMANTE GONZALEZ

\_\_\_\_\_  
Typed or printed name of signer

**Filing Fee: \$25.00**