Division of Corporations



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To:

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Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : 120220000141 : (954)937-5985 Phone Fax Number : (954)208-0209

\*\*Enter the email address for this pusiness 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 E-TECH RISK INSPECTORS LLC

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## **COVER LETTER**

TO: Registration S Division of Co			
E-TECH R	ISK INSPECTORS LLC		
SUBJECT:	Name of Lim	ated Liability Company	- <del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	IVONNE LEAL		
		Name of Person	
		Firm/Company	<del></del>
		Address	
		City/State and Zip Code	
For further information	E-mail address: (concerning this matter, please c		
Name of Person		at ()	e Telephone Number
Enclosed is a check for t	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 raddmonal copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

To:

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

From: Alfonso Velez

E-TECH RISK INSPECTORS LLC	Magali camakli	TOTAL CONTRACTOR OF T	ur records \	<b>202</b>	
(Name of the Limited )	Piorida Uimited Lia	hality Company)	<u>int 1340105</u> 7	2 <b>N</b> C	1
The Articles of Organization for this Limited Liabi	ility Company w	ere filed on 11/22/20	)22	2022 NOV. Indiassigned	· =
Florida document number L22000478125				SSE AH	$\Box$
This amendment is submitted to amend the followi	ng:			H IO: 02 H STATE EE, FL	
A. If amending name, enter the new name of th	<u>e limited liabili</u>	ty company here:		02 \\TE	
E-TEC RISK INSPECTORS LLC					
The new name must be distinguishable and contain the word	s "Limited Liability	y Company," the design	ation "L1 C" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicabl	le:		14		
Principal office address MUST BE A STREET A	(DDRESS)				
				<del></del>	
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	<u></u>			
				P. 4	*.4
B. If amending the registered agent and/or regingent and/or the new registered office address h		ldress on our recor	ds, <u>enter the na</u>	me of the new reg	isterea
gen and of the ne					
Name of New Registered Agent:		· · · ·			
New Registered Office Address:				<u> </u>	
		Enter Florida si	reet address		
	<del></del>	City	, Florida <sub>-</sub>	Zıp Code	
New Registered Agent's Signature, if changing Reg	istered Agent:				

Thereby 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.

From: Alfonso Velez

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

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To:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
	·		DAdd
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			□ Change
			1Remove
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			□Remove
			□ Change

From, Alfonso Velez

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Typed or printed name of signee