

L23 0000 67916

VU

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

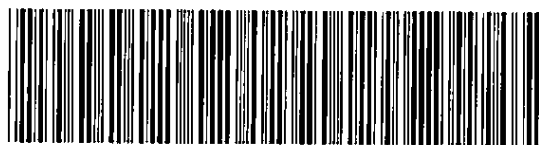
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/07/24--01013--005 \*\*25.00

2024 AUG 7 PM 4:24

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TMAX TECHNOLOGY 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:

KEVIN TORRES

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

TMAX TECHNOLOGY LLC

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

10419 LAKESIDE VISTA DR

\_\_\_\_\_  
Address

RIVERVIEW, FL 33569

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

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

For further information concerning this matter, please call:

KEVIN TORRES

+1

9033367939

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

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

TMAX TECHNOLOGY 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 02/07/2023 and assigned  
Florida document number 123000067916.

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)

10419 LAKESIDE VISTA DR  
RIVERVIEW, FL 33569

**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:

KEVIN TORRES

New Registered Office Address:

10419 LAKESIDE VISTA DR

*Enter Florida street address*

RIVERVIEW

Florida 33569

*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.*

Kevin Torres

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>
MGR	KEVIN TORRES	10419 LAKESIDE VISTA DR	<input type="checkbox"/> Add
		RIVERVIEW, FL 33569	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	JUAN M BEDOYA SOTO	CRA 76 # 16-41	<input type="checkbox"/> Add
		CALI, VALLE DEL CAUCA 760031	<input checked="" type="checkbox"/> Remove
		COLOMBIA	<input type="checkbox"/> Change
MGR	DOUGLAS M TORRES RIOS	CRA 76 # 16-41	<input type="checkbox"/> Add
		CALI, VALLE DEL CAUCA 760071	<input type="checkbox"/> Remove
		COLOMBIA	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Kevin Torres  
Signature of a member or authorized representative of a member

KEVIN TORRES  
Typed or printed name of signer