423000109095

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SECRITARY OF STATE

COVER LETTER

TO:		istration Sec sion of Corp		·	
211115		MWTEK LL	.C.		
SUBJE	CT:	·· · · · · · · · · · · · · · · · · · ·	Name of Lim	nited Liability Company	
The enc	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn	all correspor	ndence concerning this matter	to the following:	
			MARIA TERESA RIVER	A	
				Name of Person	
			MWTEK LLC		
				Firm/Company	
			19251 SW 30th ST.		
			· · · · · · · · · · · · · · · · · · ·	Address	
			MIRAMAR, FL 33029		
				City/State and Zip Code	
			mrivera@mwteklle.com		
F 6 .1				(to be used for future annual report notification)	
For turt	her in	lormation co	oncorning this matter, please of	all:	
MARIA	RIV	ERA		954 655-9220 at ()	
		Name of	Person	at () Area Code Daytime Telephone Number	
Enclose	d is a	check for the	e following amount:		
≅ \$2 5	i.00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	-9	
	Reg Div P.O	ling Address gistration S ision of Co b. Box 6327 lahassee, F	ection orporations 7		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MWTEK LLC	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000109095</u>	y were filed on $\frac{03/01/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C" 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 agent and/or the new registered office address here:	address on our records, enter the name of the new registere
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:	<u>:</u>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar ofth and provided for in Chapter 605, F.S. Or, if this documents is the provided for in Chapter 605, F.S. Or, if this documents is the provided for in Chapter 605, F.S. Or, if this documents is the provided for in Chapter 605, F.S. Or, if this documents is the provided for in Chapter 605, F.S. Or, if this documents is the provided for in Chapter 605, F.S. Or, if this documents is the provided for in Chapter 605, F.S. Or, if this documents is the provided for in Chapter 605, F.S. Or, if the provided for in Chap

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>	Type of Action
AMBR	MARIA TERESA RIVERA	19251 SW 30th Street	□ Add
		MIRAMAR, FL 33029	□Remove
			Change
AMBR	WILLIAM GRACIA	19251 SW 30th Street	■Add
		MIRAMAR, FL 33029	□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			CO Remove
			-9 PH 3: 5
			□Change

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