

MAY/07/2024/TUE 11:55 AM

Nations Business C.

FAX No. 954 753 3447

E. 001/004

5/7/24, 12:51 PM

Division of Corporations

L230009510

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000165962 3)))



H240001659623ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : NATIONS BUSINESS CENTER, INC.
Account Number : I20000000238
Phone : (305)591-9448
Fax Number : (954)753-3447

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

2024 MAY -7 PM 1:14

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SINTEK COMMUNICATIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$55.00

FILED
2024 MAY -7 PM 1:03
DEPT. OF STATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

MAY 08 2024
T. LEMIEUX
Help

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

SINTEK COMMUNICATIONS 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 06/21/2023 and assigned
Florida document number L23000299570

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:

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	LUIS ALBERTO WURTH SELMA	9733 ARBOR OAKS LANE APT 304	<input type="checkbox"/> Add
		BOCA RATON FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JUAN PABLO WURTH SELMAN	9733 ARBOR OAKS LANE APT 304	<input type="checkbox"/> Add
		BOCA RATON FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ENRIQUE WURTH	9733 ARBOR OAKS LANE APT 304	<input checked="" type="checkbox"/> Add
		BOCA RATON FL 33428	<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
			<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.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the document is not in force until the effective date.)

(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

5/7/24

X, [Signature]
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

ENRIQUE WURTH

Typed or printed name of signee