

L24000322145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2024 DEC -4 AM 9:40  
CLERK OF COURT  
STATE OF NEW YORK

JAN 13 2025

D CUSHING

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** REOVOTEC 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:

ANDRES MORENO

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

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

2950 GLADES CIRCLE SUITE 20

\_\_\_\_\_  
Address

WESTON FL 33327

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

ANDRES@INTECHLLC.NET

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

For further information concerning this matter, please call:

ANDRES MORENO

954 384-4335

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

2024 DEC -4 AM 9:40

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## REOVOTEC LLC

The Articles of Organization for this Limited Liability Company were filed on JULY 19 2024 and assigned Florida document number 124000322145.

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

1512 MEADOWS BLVD

WESTON FL. 33327

**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         | HECTOR T. BUDEJEN |                | <input type="checkbox"/> Add               |
|              |                   |                | <input checked="" type="checkbox"/> Remove |
|              |                   |                | <input type="checkbox"/> Change            |
| AMBR         | HECTOR O. BUDEJEN |                | <input checked="" 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            |
|              |                   |                | <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 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)

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.

Autel

Typed or printed name of signee

**Filing Fee: \$25.00**