M03000001219

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>∌ #</i>)
	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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09/16/03--01002--019 **60.00

September 5, 2003

Department of State Division of LLC 409 E. Gaines St. Tallahassee, Florida 32399 Mr. Lee Rivers

Dear Mr. Rivers:

Please find enclosed amendment to application for authorization to transact business in Florida as per our phone conversation, attached is the Florida Profit Corporation Transmittal Form and Articles of Incorporations with respective checks.

Enclosed you can find a return Fedex Air bill for when all documents are filed you can send it back to me.

If you have any question, please do not hesitate to call me at (305) 220-3420.

Sincerely;

Mercy Debora-Reyes

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

	(THOTOSID COM ONLY	TE NAME - MOST INCO	<u>obesorria</u>)	•
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation and	l a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO		
FROM: _		ONTY CON	P. P. P.	
	8347 SW	40 STree	7 25	STORES.
	Mami, Fl	33/55 State & Zip		ằnc:
	(305) 220 Davime T	5 - 3 4 2 0		يد سجنن

NOTE: Please provide the original and one copy of the articles.

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1.	Name of limited liability company as it appears on the records of the Florida Department
	of State: Protech Ventures, LLC.
2.	Jurisdiction of its organization: DEIAWAYE
3.	Date authorized to do business in Florida: April 17, 2003
	SECTION II (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the
	change effected under the laws of its jurisdiction of organization?
5.	New name of the limited liability company: \mathcal{N}/A
6.	New name of the limited liability company: $\frac{N/A}{SC}$ SEE SEE SEE SEE SEE SEE SEE SEE SEE SE
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
8.	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.
	Signature of a member or the authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00

* SEE AHACHMENT ...

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF PROTECH VENTURES LLC (Charter# M03000001219)

AMENDMENT ADOPTED TO MANAGEMENT; OFFICERS

The names and street addresses of the Management Officers are as follows. Please remove all other names:

NAME

ADDRESS

Audrea Rivera Member Director 2999 N.E. 191 Street Suite # 404 Aventura, FL 33180

AMENDMENT ADOPTED:
REGISTERED OFFICE AND AGENT

The name and address of the new registered agent is:

Audrea Rivera

2999 N.E. 191 Street Suite # 404 Aventura, FL 33180

THE DATE OF THE ADOPTION OF THIS AMENDMENT IS: September 5,

THE AMENDMENT WAS APPROVED BY THE MANAGING MEMBERS. THE NUMBER OF VOTES CAST FOR THE AMENDMENT WAS SUFFICIENT FOR APPROVAL.

Signed this September 5, 2003

PROTECH VENTURES LLC

Da

Audrea Rivera Member Director CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

ACKNOWLEDGMENT:

Having been named to accept service of process for PROTECH VENTURES LLC, at 2999 N.E. 191 Street, Suite # 404, Aventura, FL 33180, I hereby accept to act in this capacity and agree to comply with the provisions of said Act relative to keeping open said office.

Audrea Rivera

Member Director

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