

M21 000000 2755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

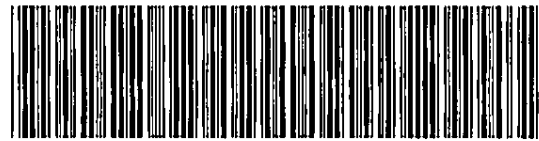
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FL

D BRUCE  
SEP 10 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LANDITECH INTERNATIONAL LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VARGAS, JAIRO  
Name of Person

LANDITECH INTERNATIONAL LLC  
Firm/Company

6355 NW 36 ST STE 507  
Address

MIAMI FL 33166  
City/State and Zip Code

ZEREZDANIEL@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

VARGAS, JAIRO at ( 786 ) 7828462  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- ☐ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☒ \$60 Filing Fee, Certificate of Status & Certified Copy

# AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: LANDITECH INTERNATIONAL LLC

Enter new principal office address, if applicable: 6355 NW 36 ST STE 507

(Principal office address  
MUST BE A STREET ADDRESS) DORAL FL 33178

Enter new mailing address, if applicable: 6355 NW 36 ST STE 507

(Mailing address  
MAY BE A POST OFFICE BOX) DORAL FL 33178

2. The Florida document number of this limited liability company is: M21000002755

3. Jurisdiction of its organization: FLORIDA

4. Date authorized to do business in Florida: 03/02/2021

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.*

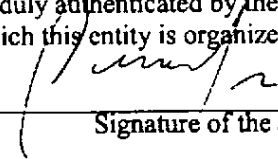
If Changing Registered Agent, Signature of New Registered Agent

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:  
 ADD MGR AZAR, BASSAM AND MGR ZEREZ, DANIEL.

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>ZEREZ, DANIEL</u>	<u>8039 NW 104th Ave Apt 34</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL FL 33178</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>AZAR, BASSAM</u>	<u>8039 NW 104th Ave Apt 34</u>	<input checked="" type="checkbox"/> Add
		<u>DORAL FL 33178</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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 21 AUG 30 AM 8:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

9. Attached is a certificate, if required: 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 the authorized representative

JAIRO VARGAS

Typed or printed name of  
 signee

Filing Fee: \$25.00