L13000165943

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	egistration S vision of Co					
SUBJECT	TELAGE	N LLC				
SOBSECT		Name of Li	imited Liability Company			
The enclose	d Articles of	f Amendment and fee(s) are su	ubmitted for filing.			
Please retur	n all corresp	ondence concerning this matte	er to the following:			
		Michael C. Rayboun				
			Name of Person			
		Rayboun Winegardner, P	PLIC			
			Firm/Company			
		1410 Piedmont Drive E. S	Suite 2			
			Address			
		Tallahassee, FI. 32308	Address Fallahassec, FI. 32308			
			City/State and Zip Code			
		mike@flalawfirm.com	(to be used for future annual report notification)			
For further i	nformation c	concerning this matter, please of	,			
Michael Ray	yboun		850 270-2282 at ()			
	Name o	f Person	Area Code Daytime Telephone Number			
Enclosed is a	check for th	ne following amount:				
≅ \$ 25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Gentificate of S Certified Copy Certificate of S Certified Copy (additional copy is enclosed)	Status &		
	ling Address		Street Address: Registration Section			
Div	ision of C	orporations	Division of Corporations			
	. Box 632 lahassee, F		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 MAR -1 AM 11:55

TELAGEN LLC		TALLAHASSEE, FLORIDA
(Name of the Limited Liability Compar (A Florida Limited L	ns as it now appears on our riability (ompany)	cords.) IALLAHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on November 2	6, 2013 and assigned
Florida document number L13000165943		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty 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 adagent and/or the new registered office address here:	ldress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties ovided for in Chapter 60	, and I am familiar with and 15. F.S. Or. if this document is

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>	Address	Type of Action
MGR	Ramsey, Shawn, Dr.	2075 Centre Pointe Blvd. Ste. 103	
		Tallahassee, FL 32308-7835	
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Dep	be specific and o ck does not me	cannot be prio		or more than 90 of filing requirement	_ (optiona lays after filir ents, this da		to 605.0207 be listed as
		in effective t	ime, at 12:01 a	.m. on the earli	erof:(b)]	The 90th day	after the
record specifies a delayed effective d is filed.	date, but not a						
record specifies a delayed effective d is filed. February 28,	date, but not a	2024					
ated February 28,	·,	2024		tive of a member			

Filing Fee: \$25.00