## L140000 40306

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## **COVER LETTER**

וע	vision of Cor	porations		
SUBJECT	Tellus Flori	ida, LLC.		
Sebule	·	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		Paul Anthony Inglese		
			Name of Person	
		Tellus Florida, LLC.		
			Firm/Company	
		28711 South Diesel Drive	Suite 10	
			Address	
		Bonita Springs, Florida 34	135	
			City/State and Zip Code	<del></del>
		pinglese@tellusflorida.com	to be used for future annual report notif	instical
For further	information co	oncerning this matter, please c	•	ication
Paul Antho	ony Inglese		239 850-6153 at ()	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclosed is	a check for th	ne 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

TO:

**Registration Section** 

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

STREET/COURIER ADDRESS: Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tellus Florida, LLC.		
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our recommitted Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 03/11/2014	and assigned
Florida document number L14000040306		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SS)	<u> </u>
		24 <b>2</b>
		<b>3</b>
Enter new mailing address, if applicable:		रिक्त के वि
(Mailing address MAY BE A POST OFFICE BOX)		\$ \frac{1}{5}\$
	<del></del>	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office address		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	City	Zip Code

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>	Address	Type of Action
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If the date inserted in this l	e date of filing:  ust be specific and cannot be prior to clock does not meet the application Department of State's records.	o date of filing or more than ble statutory filing requi	<b>(optional)</b> 90 days after filing.) Pursual rements, this date will not	nt to 605.0 be listed
ecord specifies a delaye se 90th day after the re	ed effective date, but not cord is filed.	an effective time, a	at 12:01 a.m. on the	: earlier
d July 30	, 2015	_·		

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Typed or printed name of signee

Filing Fee: \$25.00