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(Re	equestor's Name)	
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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	TEADA, LL	С		
SUBJECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		TERENCE JAY FINES		
			Name of Person	
			Firm/Company	
		12726 MOSS PARK RIDG	E DR	
			Address	
		ORLANDO, FL 32832		
			City/State and Zip Code	•
		TJFINES@GMAIL.COM		
		E-mail address: (to	o be used for future annual report notifi	ication)
For further in	nformation co	ncerning this matter, please ca	II:	
TERENCE.	JAY FINES		407 376-2251 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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

TEADA, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>5/14/2015</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company here:				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."			
Enter new principal offices address, if applicable:	12726 MOSS PARK RIDGE DR				
(Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32832				
Enter new mailing address, if applicable:	12726 MOSS PARK RIDGE DR ORLANDO, FL				
(Mailing address MAY BE A POST OFFICE BOX)	32832				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		he name of the new			
Name of New Registered Agent:		<u> 20 </u>			
New Registered Office Address:	Enter Florida street address	<u> </u>			
	, Florida	10000 To 100			
	City	Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	5				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am få provided for in Chapter 605, F.S. Or, ij	miliar with and this document is			

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>	Type of Action
COO	FINES-AVITABLE, ADALAINE		
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fective date, if other than an effective date is listed, the date. If the date inserted in the date on the date.	e must be specific a uis block does not	ng:	to date of filing o able statutory f	or more than 90 day	(optional) /s after filing.) Pursua	C7 ant to 605	
record specifies a dela The 90th day after the		i.	t an effectiv	e time, at 12	:01 a.m. on the	e earlie	er (
ited July 13		2016	<u> </u>				
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