

B19000000302

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

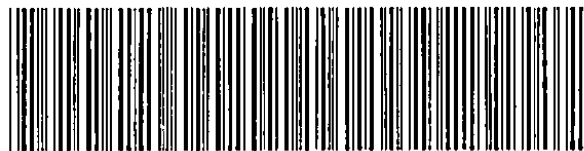
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

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FILED
2020 MAY 14 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2020 MAY 14 PM 12:17
TALLAHASSEE, FLORIDA

Y SULKER

MAY 15 2020

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 5/14/2020

PRIORITY Routine

OUR REF.# (Order ID#) 82630

ORDER ENTITY
TENEO PARTNERS, LP

PLEASE PERFORM THE FOLLOWING SERVICES:

TENEO PARTNERS, LP (FL)

File the attached amendment

NOTES:

\$52.50 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

Teneo Partners, LP

2. Document Number of Foreign Limited Partnership or Limited Liability Limited Partnership: B19000000302

3. The jurisdiction of its formation is: Delaware

3. The date the entity was authorized to transact business in Florida is: 12/9/2019

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP

(If name unavailable in Florida, enter alternate name adopted for the purpose of transacting business in Florida.)

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Teneo Partners GP, LLC

1253 Old Okeechobee Rd.

☐ Add

Unit A4

☐ Remove

☒ Change

West Palm Beach, FL 33401

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

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FILED
MAY 14 AM 10:19
TALLAHASSEE, FLORIDA

FILED

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

**To amend the address of the registered agent/registered
office to:**

1253 Old Okeechobee Rd., Unit A4

West Palm Beach, FL 33401

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, 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.

10. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner: **Teneo Partners GP, LLC, its General Partner**

x  **By: Robert Leidy, Authorized Signatory**

Typed or printed name:

Robert Leidy

Filing Fee: **\$52.50**

Certified Copy (optional): **\$52.50**

Certificate of Status (optional): **\$8.75**