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SECRETARY OF STATE ALLAHASSEE, PLORIDA

FILED

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

TSE-OKULEN AMERICAS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Richard T. Catalano, Esq.

Name of Person

TSE Industries, Inc.

Firm/Company

4370 112th Terrace North

Address

Clearwater, FL 33762

City/State and Zip Code

richard.catalano@tse-industries.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard T. Catalano

727 540-1240

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

TSE-OKULEN A			•	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now ap ability Compa	pears on our records.) ny)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L0200005085</u>	were filed on	2/21/2002	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company	here:	·	
TSE-OK, LLC				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Co	ompany," the designation "L	LC" or the abbreviat	– lior
Enter new principal offices address, if applicable:			<del></del>	_
(Principal office address MUST BE A STREET ADDRESS)				_
				_
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BOX)				_
•		· ·		_
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address :	on our records, <u>enter t</u>	he name of the n	<u>ich</u>
Name of New Registered Agent:			<del>5</del> 0	-
New Registered Office Address:		;	- C - C - C - C - C - C - C - C - C - C	
		Enter Florida street add	N T	
	City		Zip Can	-
New Registered Agent's Signature, if changing Registered Agent:			7 9: C	
I hereby accept the appointment as registered agent and agre	e to act in th	is capacity. I further agi	e to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			. $\Box$
			Remove
			Add
•			
			Remove
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	<del></del>		Add
			Remove
		-	Add
			Remove
	. ———		Add
			Remove

D. If amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated June 14	2013
	Pulmed Takas
	Signature of a member or authorized representative of a member
	Richard T. Catalano, Esq.
<del></del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00