

105000099577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

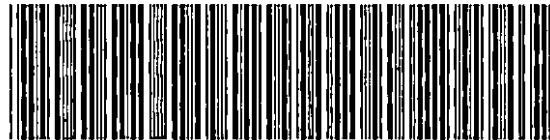
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500309458235

02/27/18--01021--001 **30.00

FILED
18 FEB 27 AM 9:49
TALLAHASSEE, FLORIDA

FEB 28 2018

Y SULKER



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TECHNOLOGY PARTNERS 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:

FRANK G. CISNEROS

Name of Person

TECHNOLOGY PARTNERS LLC

Firm/Company

P.O. BOX 24282

Address

TAMPA FLORIDA 33623

City/State and Zip Code

fgc4918@gmail.com

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

For further information concerning this matter, please call:

FRANK G. CISNEROS

813 2201361

at ()

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**

TECHNOLOGY PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/10/2005 and assigned
Florida document number L05000099577.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

T PARTNERS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1600 SO. MAC DILL AVENUE # 203

(Principal office address MUST BE A STREET ADDRESS)

TAMPA FLORIDA 33629

Enter new mailing address, if applicable:

P.O. BOX 24282

(Mailing address MAY BE A POST OFFICE BOX)

TAMPA FLORIDA 33623

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FRANK G. CISNEROS

New Registered Office Address:

1600 SO. MAC DILL AVENUE # 203

Enter Florida street address

TAMPA FLORIDA

Florida 33629

City

Zip Code

With Registered Agent's Signature, if changing Registered Agent:

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.

(Signature)
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>	<u>Address</u>	<u>Type of Action</u>
MGR	FRANK G. CISNEROS	CHANGE OF ADDRESS	<input type="checkbox"/> Add
		1600 SO. MAC DILL AVENUE	<input type="checkbox"/> Remove
		# 203 TAMPA FLA 33629	<input checked="" type="checkbox"/> Change
<i>A.R.</i> AMBR	JORGE J. INGA MD	6701 HANLEY ROAD	<input checked="" type="checkbox"/> Add
		TAMPA FLORIDA 33634	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

10 FEB 7 AM 9:45
ST. LUCAS

18 FEB 27 AM 9:45
FBI - NEW YORK

18 FEB 27 AM 9:49

IMMEDIATELY

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.

b) The 90th day after the record is filed.

Dated 11/15/0,

Signature of a member or authorized representative of a member

Frank J. Cisneros
Typed or printed name of signee

Typed or printed name of signee