000045183

| (Requestor's Name) | |
|---|-----------------|
| (, | • |
| (Address) | |
| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT N | 1AIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status _ | <u>arumen</u> , |
| Special Instructions to Filing Officer: | |

L. SELLERS

OCT - 5,2009

EXAMINER

Office Use Only



100160976351

10/01/09--01004--014 **30.00

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Ted | Lag Mana Name of Limi | gement Gro | up,L.L.C |
|-----------------------------------|--|--|--|
| The enclosed Articles of Ar | nendment and fee(s) are sub | mitted for filing. | |
| Please return all correspond | lence concerning this matter | to the following: | |
| | michelle | Gaudet 61 Name of Person | Andrew Gaudet |
| | | Firm/Company | |
| | 12555 815 | Address | # 814 |
| | North 1 | City/State and Zip Code | 33181 |
| ***** | | lle gaudet @ | |
| For further information con | cerning this matter, please c | all: | • |
| michelle go | erson | at (305) 72 Area Code & | S. S 2 4 0 Daytime Telephone Number |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is e | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Registrat Division P.O. Box | G ADDRESS: ion Section of Corporations 6327 ee, FL 32314 | Registratio Division of Clifton Bui 2661 Exec | f Corporations |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Teduag Manag | ement Group, L.L.C. |
|--|--|
| • (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our records.) ability Company) |
| The Articles of Organization for this Limited Liability Company Florida document number LOT 000 45183 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, <u>enter the new name of the limited liabi</u> | 1118 |
| The new name must be distinguishable and end with the words "Limit" L.L.C." | ed Liability Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | NA |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | \mathcal{N}/\mathcal{A} |
| B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here | ice address on our records, enter the name of the new: |
| Name of New Registered Agent: | |
| New Registered Office Address: | Elier Florida street address |
| | , Florida |
| New Registered Agent's Signature, if changing Registered Agent: | City Zip Cole Cole Cole Cole Cole Cole Cole Cole |
| hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as p | ete performance of my duties, and I am familiar with and |
| being filed to merely reflect a change in the registered office of | |
| company has been notified in writing of this change. | NIA |
| If Chang | ing Registered Agent, Signature of New Registered Agent |

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:

MGR = Manager

MGRM = Managing Member

<u>Title</u> <u>Name</u> **Address** Type of Action MGRM MICHElle Gaudet 12555 BISCHYNE BLUD ☐ Add FL 3318 North Miami Remove MGRM Andrew Gaudet 1255 BISCAYNE BIND Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 9/29/9 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00