

LD8060017402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

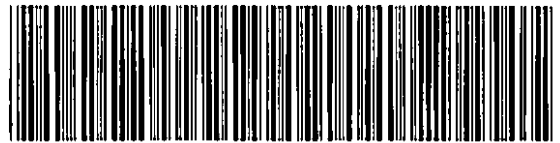
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2010

T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEC WORKS, 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:

JB ROTH

Name of Person

ROTH LAW FIRM PL

Firm/Company

6100 GREENLAND ROAD, SUITE 604

Address

JACKSONVILLE, FL 32258

City/State and Zip Code

JB@ROTHLAW.NET

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

For further information concerning this matter, please call:

JB ROTH

904

595-7900

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

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> |
|--------------|--------------|------------------------|--|
| AMBR | DAWN WILSON | 4800 SPRING PARK ROAD | <input type="checkbox"/> Add |
| | | #5 | <input type="checkbox"/> Remove |
| | | JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> Change |
| AMBR | ERICK WILSON | 4800 SPRING PARK ROAD | <input type="checkbox"/> Add |
| | | #5 | <input type="checkbox"/> Remove |
| | | JACKSONVILLE, FL 32207 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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 1 SEP 7
 10:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA


18 SEP -7 AMK:
STUDIA YIN SIA
TALL HASSEB. FLOW

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18 SEP -7 AM 10:47
SHERIFF'S OFFICE
TALLAHASSEE, FLORIDA

(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.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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


Signature of a member or authorized representative of a member

Typed or printed name of signee