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EXAMINER



## **COVER LETTER**

**Division of Corporations** SUBJECT: Tallyconnect.com, 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: Matthew Mingus (Name of Person) Tallyconnect.com, LLC. (Firm/Company) 5641 Braveheart Way (Address) Tallahassee, FL 32317 (City/State and Zip Code) For further information concerning this matter, please call: Matthew Mingus (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: ☑ \$25.00 Filing Fee **□**\$30.00 Filing Fee & **□**\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

MAILING ADDRESS:

**Registration Section** 

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALLALIASSEE, FLORING SCORDS.)

Tallyconnect.com, 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 6/16/08	and assigned
Florida document number L08000058910	<del></del> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
<u></u>	(City),	Florida (Zip Code)
	(Cily)	(Zip Coue)

New 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u> Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Matthew W. Mingus	5641 Braveheart Way Tallahassee, FL 32317	
			-
			Remove
			- Damaya
<del></del>			
····			<b>7</b> n
D. If ame	ending any other information, enter o	change(s) here: (Attach additional sheets, if	necessary.)
-			
-	T 1 oth	0.008	
Dated	June 18th Signature of a m	2008.  Land Just the second se	
	Matthew W. Mingu	•	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00