L08000102661

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COVER LETTER

TO:

Registration Section Division of Corporations

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:

Suzanne D. Meehle, Esq.

The Meehle Law Firm, P.A.

Firm/Company

115 Maitland Avenue

Altamonte Springs, FL 32701

City/State and Zip Code

suzanne@meehle.com

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

For further information concerning this matter, please call:

Suzanne D. Meehle

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

FILED
2013 DEC -5 PM 3: 52
SEGRETARY OF STATE
TALLAHASSEE, FLORIDA

Tech TY, LLC	
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on November 3, 2008 and assigned
Florida document number L08000102661	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	640 LONGMEADOW CIRCLE
(Principal office address MUST BE A STREET ADDRESS)	LONGWOOD, FL 32779 US
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	
registered agent and/or the new registered office address her	<u>e</u> :
N CN Davistana 3 A result	
Name of New Registered Agent:	
New Registered Office Address:	C. a. Planta and Thomas
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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>	Name	Address T	ype of Action
MGR	Melissa Rosenzweig-Masin	640 LONGMEADOW CIRCLE	Add
		LONGWOOD, FL 32779	Remove
MGRM	Melissa R. Masin	640 LONGMEADOW CIRCLE	Add
		LONGWOOD, FL 32779	Remove
MGRM	Bennett S. Masin	640 LONGMEADOW CIRCLE	Add
		LONGWOOD, FL 32779	Remove
			Add
		······································	Remove
			Add
			Remove
			Add
			Remove

. If amending any other information	n, enter change(s) here: (Attach additional sheets, if necessary	.)

November 27	2013	
alled		
204		
Signati	ure of a member or authorized representative of a member	
Suzanne D. Me	ehle, Esq.	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00