

LD 8000110652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

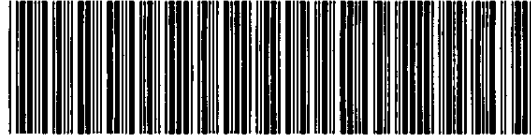
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900278415109

900278415109

10/26/15--01026--020 **25.00

FILED

2015 OCT 26 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oulligan OCT 27 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEPINO HOLDINGS 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:

DEANNE FRIEDMAN

Name of Person

TEPINO HOLDINGS LLC

Firm/Company

4942 S. LEJUNE ROAD 204

Address

CORAL GABLES, FLORIDA 33146

City/State and Zip Code

DEE@TEPINO.COM

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

2980 McFarlane Rd 16

Coconut Grove FL 33133

new

For further information concerning this matter, please call:

DEANNE FRIEDMAN

305

725-8752

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

2015 OCT 26 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TEPINO HOLDINGS 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 12-2-2008 and assigned
Florida document number L08000110652.

This amendment is submitted to amend the following: _____

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

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 office address, if applicable: 2980 MCFARLANE ROAD 16
(Principal office address MUST BE A STREET ADDRESS) COCONUT GROVE, FLORIDA 33133

Enter new mailing address, if applicable: 2980 MCFARLANE ROAD 16
(Mailing address MAY BE A POST OFFICE BOX) COCONUT GROVE, FLORIDA 33133

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City Zip Code

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 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.

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>
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

JUST A CHANGE OF ADDRESS.

[illegible]

E. Effective date, if other than the date of filing: OCT 22, 2015 (optional)

(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)

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 OCTOBER 22

2015

Signature of a member or authorized representative of a member

DEANNE FRIEDMAN

Typed or printed name of signee

FILED
2015 OCT 26 PM 3:18
CLERK OF STATE
TALLAHASSEE, FLORIDA