

W09000035341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2009 MAY 11 AM 11:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE  
MAY 12 2009  
EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TEEC 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:

Ian G. Koblick

Name of Person

TEEC LLC

Firm/Company

PO Box 787

Address

Key Largo Florida 33037

City/State and Zip Code

ian@mrdf.org

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

For further information concerning this matter, please call:

Ian Koblick

Name of Person

at ( 305 )

393 0556

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**TEEC 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 April 13, 2009 and assigned  
Florida document number L09000035341.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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: NEIL MONNEY

New Registered Office Address: 49 SHORELAND DRIVE

*Enter Florida street address*

KEY LARGO, Florida 33037

*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 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.*

Neil Monney  
If Changing 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

Title	Name	Address	Type of Action
MGRM	Ian Koblick and Tonya Koblick	49 Shoreland Drive Key Largo, Florida 33037	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ian G. Koblick and Tonya A. Koblick, Trustees for the Ian G. Koblick Revocable Trust dated September 5, 1990	49 Shoreland Drive Key Largo, Florida 33037	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jullin Monney	49 Shoreland Drive Key Largo, Florida 33037	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

TALLAHASSEE  
 SECRETARY OF STATE  
 MAY 11 2009

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

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Dated MAY 5, 2009.



Signature of a member or authorized representative of a member

IAN G. KOBICK

Typed or printed name of signee