

L090000697390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

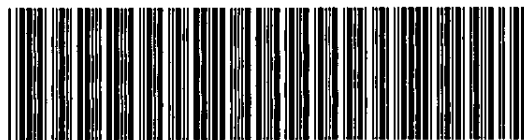
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR - 3 PM 3:01

APR - 4 2012  
T. HAMPTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TALIO, 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:

GREG THOMPSON  
Name of Person

TALIO, LLC  
Firm/Company

18119 VILLA CREEK DR.  
Address

TAMPA FL 33617  
City/State and Zip Code

G. THOMPSON@TALIO LLC.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GREG THOMPSON at (813) 263-4422  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

12 APR -3 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 6, 2012

GREG THOMPSON  
18119 VILLA CREEK DR  
TAMPA, FL 33647

SUBJECT: TALIO, LLC  
Ref. Number: L09000097390

We have received your document for TALIO, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the names of the MGRM that you are removing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 012A00004696

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

12 APR -3 PM 3:01

TALIO, 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 10/08/2009 and assigned  
Florida document number L0900097390

This amendment is submitted to amend the following:

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

N/A

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)

18119 VILLA CREEK DR.  
TAMPA, FL 33647

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18119 VILLA CREEK DR.  
TAMPA, FL 33647

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:

N/A

New Registered Office Address:

18119 VILLA CREEK DR.

Enter Florida street address

TAMPA

City

Florida

33647

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.

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

\* REMOVING SEVEN (ALL),  
THEN ADDING ONE (GREG THOMPSON)

Title	Name	Address	Type of Action
① MGR	THOMPSON/GREG J.	2011 E. OAKWOOD AVE TAMPA, FL 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
② MGRM	KEVIN SOMERVILLE	2011 E. OAKWOOD AVE TAMPA, FL 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
③ MGRM	DIANE HALL	2011 E. OAKWOOD AVE TAMPA, FL 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
④ MGRM	STEVE BLOOM	2011 E. OAKWOOD AVE TAMPA, FL 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
⑤ MGRM	AMANDA FOSTER	2011 E. OAKWOOD AVE TAMPA, FL 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
⑥ MGRM	LAUREN SALAMONE	2011 E. OAKWOOD AVE TAMPA, FL 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> REMOVE
⑦ MGRM	JIM THOMPSON	2011 E. OAKWOOD AVE TAMPA, FL 33605	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
* ADD → ① MGRM	THOMPSON, GREG J.	18119 VILLA CREEK DR TAMPA, FL 33647	<input checked="" type="checkbox"/> ADD

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

NA

Dated

Signature of a member or authorized representative of a member

GREG J. THOMPSON

Typed or printed name of signee

12 APR -3 PM 3:01

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

PLEASE ADD  
AS ONLY PERSON WITH MGRM FOR TITLE AND  
THOMPSON, GREG J.