

11/4/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000383000 3)))



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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: \_\_\_\_\_

2020 NOV -4 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SEQUEL TSI OF FLORIDA, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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NOV 05 2020

Electronic Filing Menu

Corporate Filing Menu

---Help---

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** \_\_\_\_\_  
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:

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sequel TSI of Florida, 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 02/07/2007 and assigned  
Florida document number 1.09000111842.

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 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)

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

City

Florida

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

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20 NOV -1, AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>                      |
|-----------------------------------------------|---------------|-------------------------------------------|--------------------------------------------|
| Director                                      | Mandy Moses   | 1131 Eagletree Lane, Huntsville, AL 35801 | <input type="checkbox"/> Add               |
|                                               |               |                                           | <input checked="" type="checkbox"/> Remove |
|                                               |               |                                           | <input type="checkbox"/> Change            |
| DIRECTOR,<br>EXECUTIVE VICE<br>PRESIDENT, CFO | Sybil Potts   | 1131 Eagletree Lane, Huntsville, AL 35801 | <input type="checkbox"/> Add               |
|                                               |               |                                           | <input checked="" type="checkbox"/> Remove |
|                                               |               |                                           | <input type="checkbox"/> Change            |
| Director                                      | Tom Kenney    | 1131 Eagletree Lane, Huntsville, AL 35801 | <input checked="" type="checkbox"/> Add    |
|                                               |               |                                           | <input type="checkbox"/> Remove            |
|                                               |               |                                           | <input type="checkbox"/> Change            |
| Director                                      | Steve Gilbert | 1131 Eagletree Lane, Huntsville, AL 35801 | <input checked="" 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.)**

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated November 3, 2020

/s/ Jacqueline M. Gabler

Signature of a member or authorized representative of a member

Jacqueline M. Gabler

Typed or printed name of signee

**Filing Fee: \$25.00**