

L10000027461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE

NOV 04 2013

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 21, 2013

DR A. KHAN
4721 ASHURST ST
KISSIMMEE, FL 34758

SUBJECT: ESTATEOLOGY "L.L.C."
Ref. Number: L10000027461

We have received your document for ESTATEOLOGY "L.L.C." and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 513A00024509

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ESTATEOLOGY "L.L.C."
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:

DR.A.KHAN

Name of Person

TEAMWORK INT'L

Firm/Company

4721 ASHURST ST.

Address

KISSIMMEE/FL/34758

City/State and Zip Code

INFO@ITEAMWORK.ORG

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

For further information concerning this matter, please call:

Dr.A.KHAN

Name of Person

at (407) 668-1196

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**

ESTATEOLOGY "L.L.C."

(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 03/11/2010 and assigned
Florida document number L10000027461

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:

600 N.THACKER AVE,KISSIMEE,FL 34741

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

4721 ASHURST ST
KISSIMMEE,FL,34758

(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:

TEAMWORK INTERNATIONAL CORP

New Registered Office Address:

4721 ASHURST ST.

Enter Florida street address

KISSIMMEE

Florida 34758

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dr.A.Khan	4721 Ashurst Street,Kissimmee,FL,34758	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGRM	Jeff Miller	66 Willow Street,Waterbury,CT,06710	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

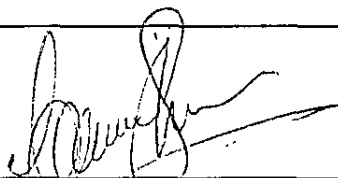
CLERK OF DISTRICT COURT
TALLAHASSEE FLORIDA

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

Dated October 14th, 2013



Signature of a member or authorized representative of a member

Dr.A.Khan

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA