## L10000033305

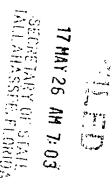
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

TO:

**Registration Section** 

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Cor	porations		
SUBJECT. The Emp	loyee Management Team	шис	
SUBJECT: THE EMP	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Kelly W. Ayers	
		Name of Person	
		Ford Harrison LLP	
		Firm/Company	
	100	Dunbar Street, Suite 300	
		Address	
	S	Spartanburg, SC 29306	
		City/State and Zip Code	•
	E-mail address: (	ayers@fordharrison.com to be used for future annual report no	tification)
For further information of	concerning this matter, please ca		
·	oncoming the mater, premie of	••••	
	V. Ayers		699-1122
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COUF	RIER ADDRESS:

Registration Section

Tallahassee, FL 32301

Division of Corporations Clifton Building 2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The 3	Employee Manag	gement Team III, LLC	
(Name of the Lin	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
ne Articles of Organization for this Limited	Liability Company	were filed on 04/29/2009	and assigned
orida document number L10000032308	y and party		
inda document number <u>L10000032308</u>	·		
s amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liab	ility company here:	
TEMT III, LLC			
new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
ter new principal offices address, if appl	icable:	N/A	
incipal office address MUST BE A STRE	EET ADDRESS)		
	<del></del>		
Enter new mailing address, if applicable:		N/A	<u></u>
ailing address MAY BE A POST OFFICE	E BOX)		
•			
If amending the registered agent and			er the name of the r
istered agent and/or the new registered	office address her	<u>e</u> :	Age and the second
			7. <b>2</b>
Name of New Registered Agent:	N/A		<b>35 5</b>
N D 1 1000 411			28 88 88 88
New Registered Office Address:		Enter Florida street address	The state of the s
			7
		, Florida	5 3 7 4 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
		City	Zipcode Co
w 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>	Address	Type of Action
N/A	N/A	N/A	□ Add
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
		<del></del>	Change
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		7. 03
Effec	tive date, if other than the date of filing: $5/19/17$ (optional) $C_{C_3}$	
Note:	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	to 605.0207 be listed as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier of
	5 23 17 2017	
Dated	2017	
	Wall Soft	

Page 3 of 3

Filing Fee: \$25.00