

L100000046937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouligan

DEC 12 2013

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Tandem Solutions Group**

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:

**Samantha F. Wilson**

Name of Person

**Tandem Solutions Group**

Firm/Company

**4852 FIORAZANTE AVENUE**

Address

**ORLANDO, FL 32839**

City/State and Zip Code

**sam@tandemconnects.com**

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

For further information concerning this matter, please call:

**Samantha F. Wilson**

Name of Person

at ( **321** ) **663-6220**

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

October 28, 2013

SAMANTHA F. WILSON  
4852 FIORAZANTE AVENUE  
ORLANDO, FL 32839

SUBJECT: TANDEM SOLUTIONS GROUP, LLC  
Ref. Number: L10000046937

We have received your document for TANDEM SOLUTIONS GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 213A00025065

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

FILED

2013 DEC 12 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Tandem Solutions Group, 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 05/03/2010 and assigned  
Florida document number L10000046937.

This amendment is submitted to amend the following:

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

Tandem Communications Group, LLC

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)

Post Office Box 141012

Orlando, Florida 32814-1012

EAST END MARKET  
3201 CORRAVE DRIVE, STE 215  
ORL, FL 32803

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

Post Office Box 141012

Orlando, Florida 32814-1012

EAST END MARKET  
3201 CORRAVE DRIVE, STE 215

**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:**

ORL, FL 32803  
(Orlando)

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

**MGR = Manager**  
**MGRM = Managing Member**

[illegible]

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

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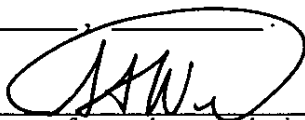
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Dated \_\_\_\_\_



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Samantha F. Wilson**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

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