

L10000077860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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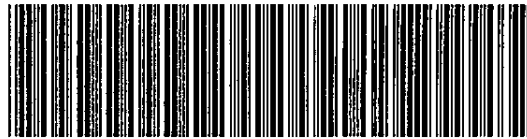
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
APR 06 2011
EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: TEC DIRECT SALES, 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:

MOE MUSLEEM

Name of Person

TEC DIRECT SALES, LLC

Firm/Company

3971 ST. JOHNS PARKWAY

Address

SANFORD, FL 32771

City/State and Zip Code

moemusleem@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MOE MUSLEEM

Name of Person

at (407)

415-7779

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

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

TEC DIRECT SALES, 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 07/23/2010 and assigned
Florida document number L10000077860.

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:

(Principal office address MUST BE A STREET ADDRESS)

TEC DIRECT SALES, LLC

3971 ST. JOHNS PARKWAY

SANFORD, FL 32771

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:

MOE MUSLEEM

New Registered Office Address:

3971 ST. JOHNS PARKWAY

Enter Florida street address

SANFORD, FL

Florida

32771

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.

MOE MUSLEEM
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	MOE MUSLEEM	3971 ST. JOHNS PARKWAY SANFORD, FL 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TECHNOLOGY DIRECT S	695 MADERLEY RUN LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ZAS CONSULTING & SER	2703 SNOW GOOSE LANE LAKE MARY, FL 32746	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	ANSARALI K HEMRAJ	1682 ASTOR FARMS PLACE SANFORD, FL 32771	<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

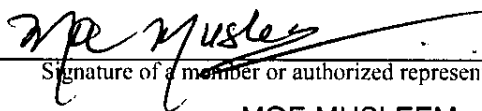
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

EFFECTIVE IMMEDIATELY THE FOLLOWING CHANGES ARE INTO EFFECT

1) ANSARALI K. HEMRAJ NAME IS BEING REMOVED & HAS NO TIES OR ANY OWNERSHIP WITH THIS COMPANY

2) THE MEMBERS ARE (i) MOE MUSLEEM MGRM (ii) TECHNOLOGY DIRECT SALES, LLC MGR & (iii) ZAS CONSULTING & SERVICES, INC

Dated 28TH/MARCH, 2011



Signature of a member or authorized representative of a member

MOE MUSLEEM

Typed or printed name of signee

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Filing Fee: \$25.00

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