## L1000009012L

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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of C	Corporations	•		
TELEIC	S II ENTERPRISES, LLC	• ,		
SUBJECT:	Name of Lin	nited Liability Company		
	of Amendment and fee(s) are subspondence concerning this matter			
	OURANIA PAPAGEORO	GE		
		Name of Person		
	TELEIOS II ENTERPRIS			
		Firm/Company		
	625 NE SPANISH RIVER	R BLVD, UNIT 2		
		Address		
	BOCA RATON, FLORID	A 33432		
		City/State and Zip Code	<del></del> _	
	UURANIA I - E-mail address:	(to be used for future annual report not	ification)	
For further information	concerning this matter, please o	all:		
OURANIA PAPAGEORGE		561 376-3731		
Namo	of Person	Area Code Daytim	ne 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 Addr Registration		– <u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 6327		The Centre of T	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TE	LEIOS II ENTERPRI	ISES, LLC	-1 F112.58
(Name of the Lin	nited Liability Compan (A Florida Limited L	ny as it now appears on our iability Company)	r records.)
The Articles of Organization for this Limited Florida document number L10000090126	Liability Company v	were filed on AUGUST	27, 2010 and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabil	lity company here:	
The new name must be distinguishable and contain the Enter new principal offices address, if apple of the Arthrey of the Arthr	icable:	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		625 NE SPANISH RIV BOCA RATON, FLOR	
B. If amending the registered agent and/or		ddress on our records,	enter the name of the new regis
Name of New Registered Agent:	OURANIA PAP	AGEORGE	
New Registered Office Address:	625 NE SPANIS	H RIVER BLVD UNIT	
	BOCA RATON	Enter Florida stree	
	BOCKICATON	City	, Florida <sup>33432</sup> 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

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
MGRM	ZAFEIRIS ZAMBIYADIS	625 NE SPANISH RIVER UNIT 2	□ Add
		BOCA RATON, FLORIDA 33432	BRemove
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ective date, if other than the da	of filing: (optional)	
cente date, a denti taan tiic da	ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.	
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Filing Fee: \$25.00