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S STUDENBERG LAW

Ganon J. Studenberg, J.D., LL.M., AEP®*

Anne J. McPhee, J.D., LL.M.

Master of Laws in Estate Planning, Accredited Estate Planner*, AV Rated*

November 1, 2016

Via U.S. Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: TES GROUP, LLC

Dear Sir/Madam:

Enclosed please find Articles of Amendment to Articles of Organization for the above referenced limited liability company and our check in the amount of \$25.00 to cover your filing fee.

Please return all correspondence concerning this matter to the address listed below.

Thank you for your assistance in this matter. Should you have any questions, please contact me directly.

Very truly yours,

GANON J. STUDENBERG

GJS/bdw Encls: as stated cc: Linda S. Lathem

COVER LETTER

TO:	Registration Sec Division of Corp						
CUD IE	TES GROU	P, LLC					
SUBJE	CI;	Name of Lim	ited Liability Company				
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspoi	ndence concerning this matter	to the following:				
		Ganon J. Studenberg, Esq.					
			Name of Person	□ \$60.00 Filing Fee, Certificate of Status &			
		Studenberg Law					
Firm/Company							
		1119 Palmetto Avenue					
			Address				
		Melbourne, FL 32901					
			City/State and Zip Code				
		info@studenberglaw.com					
			to be used for future annual report notifi	cation)			
For furth	ner information co	oncerning this matter, please co	all:				
Ganon J	. Studenberg, Esc	l	321 722-2420 at ()				
	Name of	Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	e following amount:					
\$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & 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

TES GROUP, LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)		_
he Articles of Organization for this Limited L		were filed on 08-31-20	016		and	assigned
lorida document number L10000091380	•					
his amendment is submitted to amend the following	owing:					
a. If amending name, enter the new name o	f the limited liab	ility company here:				
he new name must be distinguishable and contain the	vords "Limited Liabii	lity Company," the designa	tion "LLC"	or the abl	previation	"L.L.C."
Inter new principal offices address, if applic	able:			i lun Line	20.	-
Principal office address MUST BE A STREI	TADDRESS)			놀쑮	-	<u> </u>
				ZZ AZ	· ****	
				- Fig.		Ш
Inter new mailing address, if applicable:		2580 Cox Road		SL	⊅ ————	D
Mailing address MAY BE A POST OFFICE	Cocoa, FL 32936	,		~ ; ∼		
	20.17			> P		
		<u></u>	;		2 11 25	M1 1 C
3. If amending the registered agent and egistered agent and/or the new registered or and/or the new registered agent and/or the new registered or and/or the new			records,	<u>enter</u>	the nan	ne of the
Name of New Registered Agent:	Linda S. Lather	m				
New Registered Office Address:	2850 Cox Road	1				
		Enter Florida sti	reet address			
	Cocoa		, Flo	rida <u>329</u>	36	
		City			Zip Co	de

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>	Name	Address	Type of Action
MGR	Linda S. Lathem	2580 Cox Road	= Add
		Cocoa, FL 32936	□ Remove
			☐ Change
MGR	Steven D Lathem	P.O. Box 236752	Add
		Cocoa, FL 32923	■ Remove
		·	Change
<u></u>			
			☐ Remove
		***************************************	Change
			□ Remove
			Change
			☐ Add
			□ Remove
			☐ Change
			SECRETARY - LANGES
			OF STATE

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E. Effective	date, if other th	an the date of f	iling:			_ (optional))	
Note: If the	e date is listed, the one date inserted in	this block does i	not meet the app	licable statutory	or more than 90 of filing requirement	days after filing ents, this date	g.) Pursua will not	nt to 605.0207 be listed as
document'	s effective date or	n the Department	of State's recor	ds.				
If the record	l specifies a de	elaved effectiv	ve date but	not an effecti	ve time at 1	2:01 a m	on the	a parlier of
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		Signature	of a member or a	ithorized represent	ative of a member	ARY OF	-	'n

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Filing Fee: \$25.00