# #4/100001546/

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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2015 JUL -9 PHI2: 01

K.SALY EXAMINER JUL 13 2015

# **COVER LETTER**

Division of Corporations							
SUBJECT: Teddy Tank Technology, 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:							
Spencer Grabais							
Name of Person							
Pl- (G							
Firm/Company							
21110 Biscargne Blvd Suite 312							
Aventura, FL 33180  City/State and Zip Code							
City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Spencer Grabuis  at 786 740 - 7270  Name of Person  Area Code Daytime Telephone Number							
Name of Person							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Solution Status Secretificate of Sta							

## 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

	TO				
ARTICI	LES OF ORGANIZATION	ON C.			
	OF	r/LEN			
Teddy =	Tank Technology	2015 JUL -9 PM 12:01  Vour records.) TALLAHASSEE, FRATE  17 2011 and assigned 10.			
	iability Company as it now appears of lorida Limited Liability Company)	Vour records.) TALLAHASSEC OF STATE			
The Articles of Organization for this Limited Liabil	ity Company were filed on $\frac{2}{}$	7 2011 and assigned 10			
Florida document number <u>LII 0000 154</u>	$\frac{ \phi }{ \phi }$ .				
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the					
Signature Heart The new name must be distinguishable and contain the words	Cifts, LLC	nation "I.I.C" or the abbreviation "I.I.C."			
Enter new principal offices address, if applicable		nation like of the approviation L.E.C.			
(Principal office address MUST BE A STREET A					
Trincipui office udaress MOST BL A STREET A					
F. 4					
Enter new mailing address, if applicable:	*****				
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>				
B. If amending the registered agent and/or in registered agent and/or the new registered office		ır records, <u>enter the name of the new</u>			
Name of New Pagintoned Accept.					
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida				
_	City	Zip Code			
New Registered Agent's Signature, if changing Regis	stered Agent:				
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register	nd complete performance of my	duties, and I am familiar with and			

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

# Or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address 2015 JUL -9 PM 12: 01 FALLAMASSEE, FLORIDA Remove Change Add Remove

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Page 3 of 3

Filing Fee: \$25.00