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SECRETARY OF STATE
AND AHASSEE, FLORID

J. BRYAN
APR - 2 2011

EXAMINER

## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	TEFFREY, Scott & Name of Limi	ted Liability Company	COPY
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	Ϋ́
Please return all corres	pondence concerning this matter	to the following:	
	IEFFRAY	CADD IS Name of Person	· · · · · · · · · · · · · · · · · · ·
	IRFFney, So	oll & ASSOCIATES, C.	<u></u>
		20 <sup>TH</sup> AVENUE	SECRETA ALLAHA
	FonT LAG	City/State and Zip Code  Code State and Zip Code	TAPR-5 AHIO: 50 SECRETARY OF STATE FALLAHASSEE. FILORIDA ON COLUMN
For further information	concerning this matter, please c		to to
TEFFO.	Fey 670015 of Person	at ( <b>954</b> ) 288- Area Code & Daytime T	2 915 elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	S30.00 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

TEFFARY, Solls I	ASSOCIATES LLC  Ability Company as it now appears of orida Limited Liability Company)	n our records )	
(A Flo	orida Limited Liability Company)	ni our records.	
The Articles of Organization for this Limited Liabi	lity Company were filed on	3/0/// and assigned	
Florida document number <u>L/10000254</u>		SEC 18	
		型で	
This amendment is submitted to amend the following	ng:	SSA	
A. If amending name, enter the new name of the	e limited liability company here:	Fig. 3	
-		and assigned  SECRETARY OF STATE  SECRETARY OF STATE  AND SO	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company.	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:	44464	
(Principal office address MUST BE A STREET A	(DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new	
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

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> Type of Action MGR DEBORAH D. MICLER Add\_\_\_ Remove  $\prod$  Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) The first of a member or authorized representative of a member EVENNY Scott GARAS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00