## L11000078620

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE OIVISION OF CORPORATIONS

FEB 2 3 2012 T: HAMPTON

## **COVER LETTER**

ГО:	Registration Sec Division of Corp		(F			
SUBJE	CCT:	TE	DD 1 LLC			
		Name of Limi	ited Liability Company			
The end	closed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please	return all correspon	dence concerning this matter	to the following:			
		F	FEDERICO OLIVIERI	<u> </u>		
			Name of Person			
INTEREALTY EXCHANGE INC						
			Firm/Company	<del></del>		
235 LINCOLN RD #310						
Address						
			MIAMI BEACH FL 3313	9		
			City/State and Zip Code			
	OLIVIERI.FEDERICO@GMAIL.COM  E-mail address: (to be used for future annual report notification)					
For furt	ther information co	ncerning this matter, please c		itony		
	Name of I	<sup>D</sup> erson	at () Area Code & Daytime T	elephone Number		
Enclose	ed is a check for the	following amount:				
<b>₹</b> ]\$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:

TO:

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



RECEIVED

12 FEB 22 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 13, 2012

FEDERICO OLIVIERI INTEREALTY EXCHANGE INC 235 LINCOLN RD - # 310 MIAMI BEACH, FL 33139

SUBJECT: TEDD 1 LLC

Ref. Number: L11000078620

We have received your document for TEDD 1 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The new registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 512A00006499

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TEUD LLLC		
( <u>Name of the Limited</u> (A	I Liability Company as it now appea A Florida Limited Liability Company)	ers on our records.)	
The Articles of Organization for this Limited L Florida document number L1100007	iability Company were filed on		essigned SECRE
This amendment is submitted to amend the following		22 PH	FILED TARY OF OF CORP
A. If amending name, enter the new name of	of the limited liability company he	re: 2:	STATE
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	pany," the designation "LLC" or th	e abbreviation
Enter new principal offices address, if applie	cable:	·····	
(Principal office address MUST BE A STREE	ET ADDRESS)		<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	•		
B. If amending the registered agent and registered agent and/or the new registered o		our records, enter the name	of the new
Name of New Registered Agent:	FEDERICO OLIVIERI		
New Registered Office Address:	Ei	nter Florida street address	
		, Florida	
	City	Zip Co	rde

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

 \*Aftermending 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 Title **Address Type of Action Name** MGR FEDERICO OLIVIERI ✓ Add Remove ☐ Add Remove  $\prod Add$ Remove ☐ Add ☐ Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 6** 2012 Dated \_\_ Signature of a member or authorized representative of a member FEDERICO OLIVIERI

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee