

1100905653

(Requestor's Name) _____

(Address) _____

(Address) _____

(City/State/Zip/Phone #) _____

PICK-UP WAIT MAIL

(Business Entity Name) _____

(Document Number) _____

Certified Copies _____ Certificates of Status _____

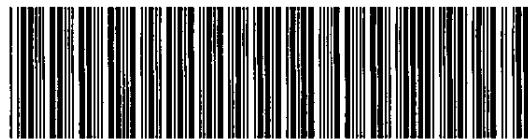
Special Instructions to Filing Officer:

A. LUNT

DEC 19 2012

EXAMINER

Office Use Only



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SECRETARY OF STATE
MILLER, ASST. SEC. FLORIDA

2012 DEC 17 PM 2:48

FILED

12/17/12--01030--010 **25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TecPlus 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:

Paul Webster

Name of Person

TecPlus LLC

Firm/Company

108 Suffolk Ct

Address

Longwood, FL 32779

City/State and Zip Code

paul@tecplus.net

E-mail address: (to be used for future annual report notification)

REC'D BY MAIL
SEARCHED
INDEXED
FILED
28/12/2017 PM 2:45

For further information concerning this matter, please call:

Paul Webster

Name of Person

at 407 448 0941

Area Code & Daytime 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 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

Tec Plus LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/14/2011 and assigned Florida document number L11000105653

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2012 DEC 17

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2012 DEC 17

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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

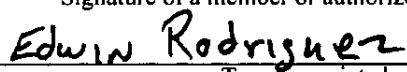
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Paul Webster</u>	<u>108 Suffolk Ct</u>	<input type="checkbox"/> Add
		<u>Longwood FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32779</u>	
<u>MGRM</u>	<u>Paul Webster</u>	<u>108 Suffolk Ct</u>	<input checked="" type="checkbox"/> Add
		<u>Longwood FL</u>	<input type="checkbox"/> Remove
		<u>32779</u>	
<u>VP</u>	<u>Edwin Rodriguez</u>	<u>9623 Jasmine Brook Cir</u>	<input type="checkbox"/> Add
		<u>Land-O-Lakes FL</u>	<input checked="" type="checkbox"/> Remove
		<u>34638</u>	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 DEC 17 PM 2 48
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TALLAHASSEE, FLORIDA

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