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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	ation Section n of Corporations
SUBJECT:	Teguis LLC
	Name of Limited Liability Company
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.
Please return all o	correspondence concerning this matter to the following:
	Carla Verastegui
	Name of Person
	Firm/Company
	500 S. FELERAL HWY STE 3103
	Address
	-Hullandale Beach, FC 33008
	City/State and Zip Code Teguis L1 C & GNail CON E-mail address: (to be used for foture annual report notification)
For further inforr	mation concerning this matter, please call:
Que	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:
\$25.00 Filing	g Fee \$\Bigcup \$30.00 \text{ Filing Fee & Certificate of Status}\$ \[\Bigcup S55.00 \text{ Filing Fee & Certificate of Status & Certificate of

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 Teguis 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 _ Florida document number L 120000 28006 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 500 S. Feberal Hwy Ste 3103 Hallundale Brack, FC 33008 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAM AS ASOME Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Enter Florida street address New Registered Office Address: N/J Florida

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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
		/	Add
		 	□ Remove
			Change
			D Add
			Remove
			Change
			Remove
			Change

n effective o <u>te:</u> If th	date, if other than the date of filing:
record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie th day after the record is filed.
-1 -0-0-1	
	11/11 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00