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(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Special Instructions to Fi	ling Officer:	
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Office Use Only



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SECRETARY OF STATE

T. CLINE
OCT 24 2012
EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Name of Lim		
	of Amendment and fee(s) are su	-	
	E	LENA SOSNOVSKAYA	
		Name of Person	_
	ES AC	ES ACCOUNTING SERVICES INC	
Firm/Company			_
		2200 NE 11 STREET Address	
		, redicus	
	HALLANDALE, FL 33009		
	City/State and Zip Code		CAE ST
	E-mail address:	IOK69@HOTMAIL.COM (to be used for future annual report notification)	123 F
For further informatio	n concerning this matter, please	·	
		·	
	A SOSNOVSKAYA	at (954) 699-5969	===1 40
Nam	e of Person	Area Code & Daytime Telephone Numb	er to 10
Englosed is a sheek fo	or the following amount:		
	-		n
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	ating Fee, cate of Status & ed Copy onal copy is enclosed)
	ILING ADDRESS: istration Section	STREET/COURIER ADDRESS: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TSS GROUP	LLC				
(<u>Name</u>	of the Limited Liability Company as (A Florida Limited Liabili	it now appears on ty Company)	our records.			
The Articles of Organization for Florida document number	this Limited Liability Company were	filed on	06/07/2012	and assig	ned	
rionda document number						
This amendment is submitted to	amend the following:					
A. If amending name, enter th	e new name of the limited liability of	company here:	•			
	able and end with the words "Limited Li	iability Company,"	the designation "L	LC" or the abl	oreviation	
"L.L.C."			j	Tion Co		
Enter new principal offices add	lress, if applicable:		<u> </u>			
(Principal office address MUST	BE A STREET ADDRESS)		<u>.</u>		1	
	·		(73 N	In the same	
	_		r	무료 -e		
Enter new mailing address, if a	pplicable:		· · · · · · · · · · · · · · · · · · ·	nii K		
(Mailing address MAY BE A PO				5m 4 1		
Triuming under cos mili 19271 FC		·		operation of the second of the		
					···	
	d agent and/or registered office a v registered office address here:	address on our	records, <u>enter tl</u>	he name of	the new	
Name of New Register	ed Agent:					
New Registered Office	Address:					
	<u> </u>	Enter Florida street address				
			, Florida			
	Cit	ν		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 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** ALEX GLUKHOVSKY MGR 1085 CREEKSIDE CT. B2 ✓ Add Remove WHEELING, IL 60090 ☐ Add Remove ☐ Add Remove Remove _w ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Ocroller 18 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00