| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| , | | |
| | | |
| | | |
| L | | |

Office Use Only



500263477295

09/23/14--01011--017 **25.00

SEP 2'6' 2018). BRUCE

| COVERLETTER | | | |
|---|----------|------------|--------|
| TO: Registration Section . Division of Corporations | | | |
| SUBJECT: TSS GROUP 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: | | | |
| ELENA SOSNOVSKAYA | | | |
| Name of Person | | | |
| ES ACCOUNTING SERVICES INC | | | |
| Firm/Company | | | |
| 2200 NE 11 STREET | | | |
| Address | | | |
| HALLANDALE, FL 33009 | | 2014 S | ę |
| City/State and Zip Code LENOK69@HOTMAIL.COM | | 914 SEP 23 | 40 |
| E-mail address: (to be used for future annual report notification) | THIS | | 1 |
| For further information concerning this matter, please call: | | PH 5: 06 | in the |
| ELENA SOSNOVSKAYA at 954 699-5969 | 9 | 90 | |
| Name of Person Area Code Daytime Telephone Number | | | |
| Enclosed is a check for the following amount: | | | |
| EMERGACH IS A CHECK FOR THE TOTTOWINE ATTIONITY. | | | |

■ \$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

| TSS GROUP LLC | | | |
|---|---|-----------------------------|---------------|
| (Name of the Limited L (A F | iability Company as it now appears on our records.) Torida Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabil Florida document number L12000076049 | lity Company were filed on 06/07/2012 | and assigned | |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of the | e limited liability company here: | | |
| The new name must be distinguishable and end with the word | ds "Limited Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." | _ |
| Enter new principal offices address, if applicable | e: | | |
| (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 | | nter the name of the | nev |
| registered agent and/or the new registered office | <u>address here</u> : | SEP 23 | · · · |
| Name of New Registered Agent: | | | . |
| New Registered Office Address: | | OL OT WAR | |
| | Enter Florida street address | 8 8 | |
| - | , Florid | 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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

| MGR = M $AMBR = A$ | anager uthorized Member | |
|--------------------|----------------------------|------------------------------------|
| <u>Title</u> | <u>Name</u> | Address Type of Action |
| MGR | ALEXANDER MERENITCH | 10591 STONEBRIDGE BLVD |
| | | BOCA RATON, FL 33498 Remove |
| MGRM | ALEXANDER MERENITCH | 10591 STONEBRIDGE BLVD |
| | | BOCA RATON, FL 33498 Remove |
| | | Add |
| | | Add |
| | | Remove SEP 2Add PH CUREmove OS |
| | | |
| | | |

| ` . | • | |
|--|--|---------------------------|
| · | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| fective dat e effective dat e date this do | te, if other than the date of filing: (operate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 day becoment is filed by the Florida Department of State) | tional) s after |
| date this do | ocument is filed by the Florida Department of State) | tional) s after |
| e date this do | PTEMBER 19 , 2014 | tional) s after |
| e date this do | PTEMBER 19 , 2014 Alment is filed by the Florida Department of State) | tional) s after |
| e date this do | ocument is filed by the Florida Department of State) | tional) s after |
| he date this do ated SEF | PTEMBER 19 , 2014 Alment is filed by the Florida Department of State) | tional) s after |

Page 3 of 3

Filing Fee: \$25.00

2014 SEP 23 PM 5: 06