# L120000082945

(Reque	stor's Name)
(Addres	ss)
(Addres	es)
(City/St	ate/Zip/Phone #)
PICK-UP	.WAIT MAIL
(Busine	ess Entity Name)
(Docum	nent Number)
Certified Copies	Certificates of Status
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

..... TEL GROUP SOLUTIONS 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:

# WANDA SANTANA

Name of Person

## TEL GROUP SOLUTIONS LLC

Firm/Company

# 13724 HAWK LAKE DR

Address

# ORLANDO FL 32832

City/State and Zip Code

## EPAPROF@MSN.COM

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

For further information concerning this matter, please call:

# WANDA SANTANA

407<sub>8</sub>79-4986

Name of Person

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

#### TEL GROUP SOLUTIONS LLC

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

(ATR	orida Eminica Di	aomity Compa	шу,				
The Articles of Organization for this Limited Liability Company were filed on Florida document number L12000082945					and assigned		
This amendment is submitted to amend the following	ng:						
A. If amending name, enter the new name of the	<u>e Jimited liabi</u>	lity company	here:				
N/A							
The new name must be distinguishable and end with th "L.L.C."	ne words "Limite	ed Liability Co	ompany," the designation	n "LLC" (	or the a	bbreviation	
Enter new principal offices address, if applicable	e:	N/A					
(Principal office address MUST BE A STREET ADDRESS)			,	100	201		
				\$5000 \$15000	<u></u>	-	
				3.5		- 3	
Enter new mailing address, if applicable:		N/A		SSEE	9	i raman	
(Mailing address MAY BE A POST OFFICE BOX)				77	PH	n q 9	
	<del></del>				<u>'</u>	Adrian.	
			•	<u> </u>	96		
B. If amending the registered agent and/or a registered agent and/or the new registered office			on our records, <u>ent</u>	er the na	ime o	f the new	
Name of New Registered Agent:	N/A						
New Registered Office Address:							
136W Registered Office / Address.		Enter Florida street address					
_			, Florida				
_		City		Zip Code			
New Registered Agent's Signature, if changing Regi	istered 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 **Type of Action** Title: <u>Name</u> **Address ELIE FERLEY** 13724 HAWK LAKE DR **MGR** ORLANDO FL 32832 Remove 13724 HAWK LAKE DR MGR WANDA SANTANA ORLANDO FL 32832 Remove Remove Remove

<b>D</b> . 1	lf amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	
Date	 ed	
		Signature of a member or authorized representative of a member
		WANDA SANTANA
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 JAN 16 PH 12: OF