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(Requestor's Name)			
(Address)			
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(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
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Certified Copies	Certificates	s of Status	
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S Warren AUG 1 6 2016

Wednesday, August 9th, 2016

Florida Department of State

PO Box 6327

Tallahassee, FL 32314

RE: Tee Lindo Enterprises, LLC

L13000009278

To Whom It May Concern:

Please see enclosed request to amend the Articles of Organization of Tee Lindo Enterprises, LLC.

Kindly direct any questions to the following:

Terri-Ann Lindo

Cell phone: (239) 292-9288

4819 Emperor Boulevard, Suite 400, Durham NC 27703

Your attention to this matter is greatly appreciated.

Sincerely,

Terri-Ann Lindo

COVER LETTER

TO:	Registration and Control of Control	
SUBJE	TEE LIN	DO ENTERPRISES, LLC.
зовје	O1:	Name of Limited Liability Company
The encl	losed Articles	of Amendment and fee(s) are submitted for filing.
Please re	eturn all corres	pondence concerning this matter to the following:
		TERRI-ANN C. LINDO
		Name of Person
		SUMMIT BROKERAGE SERVICES, INC.
		Firm/Company
		4819 Emperor Boulevard, Suite 400
		Address
		Durham, NC 27703
		City/State and Zip Code
		terrilindo@gmail.com
		E-mail address: (to be used for future annual report notification)
For furth	ner information	concerning this matter, please call:
Terri-Aı	nn C. Lindo	239 292-9288 at ()
	Name	c of Person Area Code Daytime Telephone Number
Enclose	d is a check for	the following amount:
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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**

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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Name of New Registered Agent: New Registered Office Address: Name of New Registered Agent: New Registered Office Address: Name of New Registered Address: New Registered Office Address	(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)	
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 "L.L.C Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address Enter Florida street address		Company were filed on 01/17/2013 and assigned	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC All Senter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address Enter Florida street address	This amendment is submitted to amend the following:		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address	A. If amending name, enter the new name of the lim	nited liability company here:	
Suite 400 Durham, NC 27703	The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Suite 400 Durham, NC 27703	Enter new principal offices address, if applicable:	4819 Emperor Boulevard	
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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address		RESS) Suite 400	
Suite 400 Durham, NC 27703 B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address			
Suite 400	Enter new mailing address, if applicable:	4819 Emperor Boulevard	
Durham, NC 27703 B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address	5	Suite 400	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address		Durham, NC 27703	
New Registered Office Address: Summit Brokerage Services, Inc. 595 South Federal Highway Enter Florida street address	registered agent and/or the new registered office add	istered office address on our records, enter the name of th	
Enter Florida street address	Name of New Registered Agent:		
	New Registered Office Address: Summ		
Dans Date			
City Florida 33432 Zip Code	Boca	Raton , Florida 33432	
	New Registered Agent's Signature, if changing Registere	ed 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	FAY LINDO	11012 YELLOW POPLAR DRIVE	Add
		FORT MYERS, FL 33913	■ Remove
		<u> </u>	☐ Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
	W. C.		
			Remove Change
			Add Remove
			☐ Change

If amend	ling any other information, enter c	change(s) here: (Attach additional sh	eets, if necessary.)
			
			
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lfan effect Note: If	e date, if other than the date of filing ive date is listed, the date must be specific and the date inserted in this block does not the determined of the determined of the determined of the date on the Department of	id cannot be prior to date of filing or more than meet the applicable statutory filing requi	(optional) 90 days after filing.) Pursuant to 605.0207 (rements, this date will not be listed as t
	rd specifies a delayed effective Oth day after the record is filed	date, but not an effective time, a	at 12:01 a.m. on the earlier of:
Dated Al	UGUST 9TH	, 2016	دم
	Signature of a	a member or authorized representative of a me	mber 500
	TERRI-ANN CAMILLE LINDO		
	· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee	
		Page 3 of 3	A II: 27' A II: 27' OF STATE E.FLORIDA

Filing Fee: \$25.00