

LIB0000026654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000249835950

07/17/13--01002--004 **25.00

FILED
13 JUL 17 PM 5:10
CLERK OF STATE
TALLAHASSEE, FLORIDA

JUL 18 2013
D. BUTLER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Total Package Business Consultants 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:

Soraya Leon
Name of Person

Total Package Business Consultants Group, LLC
Firm/Company

P.O. Box 770669
Address

Orlando FL 32877
City/State and Zip Code

sl.totalpackage12@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos Leon at 407 569-6027
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

FILED
13 JUL 17 PM 5:10
TALLAHASSEE, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Total Package Business Consultant Group, 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 2/20/2013 and assigned
Florida document number L13000026654

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same as above

The new name must be distinguishable and end with 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)

6153 Metrowest Blvd
Orlando FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8421 S Orange Blossom Trail
Office 237 & 238
Orlando FL 32809

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:

Carlos E Leon

New Registered Office Address:

3080 Crested Cir

Enter Florida street address

Orlando

City

Florida

32837

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 60S, 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.

[Signature]
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Carlos E Leon	P.O. Box 770669	Add
		Orlando FL 32877	Remove
MGRM	Soraya Leon	P.O. Box 770669	Add
		Orlando FL 32877	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

FILED
JUL 17 PM 5:10
TALLAHASSEE, FL 32304

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated July 15th 2013

Soraya Leon

Signature of a member or authorized representative of a member

Soraya Leon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 JUL 17 PM 5:10
CLERK OF SUPREME COURT
TALLAHASSEE, FLORIDA