113000077361

(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



000303160530

09/01/17--01005--011 **25.00

17 SEP - 1 AM BLLY

SEP 0 5 2017 Y SULKIR

COVER LETTER

то:						
SUBJ	ECT:	Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	e return all correspo	ondence concerning this matter	to the following:			
		Jaritza Morales				
			Name of Person			
Division of Corporations TEDI LLC Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for filing. Please return all correspondence concerning this matter to the following: Jaritza Morales						
			Firm/Company			
Division of Corporations TEDITIC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and feets) are submitted for tiling. Please return all correspondence concerning this matter to the following: Jaritza Morales Real Time Managers LLC Firm/Company 10305 NW 41st Street - Suite 111 Address Doral, Florida 33178 City/State and Zip Code assistant@realtimemanagers (to be used for future annual report notification) For further information concerning this matter, please call: Jaritza Morales Name of Person Temple annual report notification of Area Code Daytime Telephone Number Enclosed is a check for the following amount: Selection of Status Certified Copy Certified Copy Ladditional copy is enclosed)						
			Name of Limited Liability Company Indiment and fee(s) are submitted for filing. See concerning this matter to the following: aritza Morales Name of Person Real Time Managers LLC Firm/Company 0.305 NW 41st Street - Suite 111 Address Doral, Florida 33178 Chy/State and Zip Code sistant@realtimemanagers.com E-mail address (to be used for future annual report notification) rning this matter, please call: at (
For furth Jaritza M		Doral, Florida 33178				
		assistant@realtimemanager	•			
		E-mail address: (to be used for future annual report notifi	ication)		
For fu	orther information c	oncerning this matter, please e	all;			
Jaritz	a Morales					
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclo:	sed is a check for th	ne following amount:				
₽ \$3	25,00 Filing Fee		Certified Copy	Certificate of Status &		

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

TEDI LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited L Florida document number L13000077361	Liability Company	were filed on	and assigned
This amendment is submitted to amend the fol	lowing:		
Inter new mailing address MUST BE A STREET ADDRESS Inter new mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or the new registered office address on our records, enter the new registered Agent: New Registered Office Address: L13000077361 L130000077361 L13000077361 L130000077361 L1300000077361 L130000077361 L1300000077361 L130000077361 L130000077361 L130000077361 L130000077361 L130000077361 L130000077361 L130000077361 L130000000000000000000000000000000000			
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		10305 NW 41st Street - Suite 111	
(Principal office address MUST BE A STREI	ET ADDRESS)	Doral, Florida 33178	
Enter new mailing address, if applicable:			17 8
(Mailing address MAY BE A POST OFFICE BOX)		Doral, Florida 33178	
B. If amending the registered agent and registered agent and/or the new registered o	/or registered of	ffice address on our records, <u>en</u>	
Name of New Registered Agent:	Real Time Man	agers LLC	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Office Address: 10305 NW 41st Street - Suite 111		
		Enter Florida street address	
	Doral	Florida	
		City	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.

In Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	<u>Name</u>	Address	Type of Action
MGR	Sebastian Fernandez-Roger	10305 NW 41st Street - Suite 111	
			☑ Remove
			Change
MGR	DIMAS GAVIÑA	10305 NW 41st Street - Suite 111	⊿ Add
			🗆 Remove
			Change
			🗖 Add
			Remove
			Change Change Add Add Add
			Re que ve
			Remove
			Change
			Remove
			□ Change

		_
		_
		_
	· · · · · · · · · · · · · · · · · · ·	_
		_
		-
		-
		_
		
		_
		_
	<u></u>	_
		17 S
	AS	ם קל
		<u> </u>
	7.0	- j
	000 6 0	- •
Affective dute if ather than the date of filing.	-	
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing. Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	(optional))5.0
he record specifies a delayed effective date, but not an effec The 90th day after the record is filed.	ctive time, at 12:01 a.m. on the ear	ier o
Dated		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00