

L13000149102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

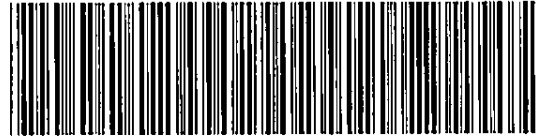
(Document Number)

Certified Copies \_\_\_\_\_

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2024 OCT 24 AM 9:33

TALLAHASSEE, FLORIDA

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2024 OCT 24 PM 2:15

TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/24/2024

Acc#I20160000072

*en: c DW*

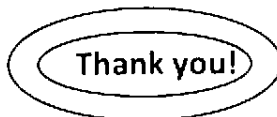
|             |             |
|-------------|-------------|
| Name:       | Tmesys, LLC |
| Document #: |             |
| Order #:    | 15939018    |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
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| Document _____      |
| Examiner _____      |
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| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ **55.00**



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tmesys, 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:

Sandy Morgan

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State and Zip Code

sandy\_morgan@uhg.com

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

For further information concerning this matter, please call:

Sandy Morgan

952 936-5730  
at (\_\_\_\_\_) \_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2024 OCT 24 AM 9:33

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

Tmesys, 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 1/21/1986 and assigned  
Florida document number L13000149102.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

12921 S. Vista Station, Ste. 200

Draper, UT 84020

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12921 S. Vista Station, Ste. 200

Draper, UT 84020

**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:

New Registered Office Address:

Enter Florida street address

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.*

If Changing Registered Agent, Signature of New Registered Agent

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>              | <u>Address</u>                                     | <u>Type of Action</u>                      |
|--------------|--------------------------|--|--|
| Manager      | Jeannine Patricia Foster |  | <input type="checkbox"/> Add               |
|              |                          | 175 Kelsey Lane, Tampa, FL 33619                   | <input checked="" type="checkbox"/> Remove |
|              |                          |  | <input type="checkbox"/> Change            |
| Director     | Matthew Johnson Wolfe    | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | <input checked="" type="checkbox"/> Add    |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |
| Manager      | Peter Marshall Gill      |  | <input type="checkbox"/> Add               |
|              |                          | 175 Kelsey Lane, Tampa, FL 33619                   | <input checked="" type="checkbox"/> Remove |
|              |                          |  | <input type="checkbox"/> Change            |
| Treasurer    | Marilyn Victoria Hirsch  | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | <input checked="" type="checkbox"/> Add    |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          |  | <input type="checkbox"/> Change            |
| Manager      | Timothy Joeseeph Langdon |  | <input type="checkbox"/> Add               |
|              |                          | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | <input checked="" type="checkbox"/> Remove |
|              |                          |  | <input type="checkbox"/> Change            |
| Manager      | Heather Anastasia Lang   |  | <input type="checkbox"/> Add               |
|              |                          |  | <input type="checkbox"/> Remove            |
|              |                          | 12921 S. Vista Station, Ste. 200, Draper, UT 84020 | <input checked="" type="checkbox"/> Change |

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

Update Address only for the following:

Christopher Michael Leopold (Chief Financial Officer) 12921 S. Vista Station, Ste. 200, Draper, UT 84020

Karen Elizabeth Bohmer (Secretary) 12921 S. Vista Station, Ste. 200, Draper, UT 84020

John William Beneivenga (Assistant Secretary) 12921 S. Vista Station, Ste. 200, Draper, UT 84020

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated October 23 2024

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Heather Anastasia Lang

\_\_\_\_\_  
Typed or printed name of signer

Filing Fee: \$25.00