# 113000160822

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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 9, 2014

COLETTE WILHELM 2833 NW 19TH PL CAPE CORAL, FL 33993

SUBJECT: TEASE T'S LLC Ref. Number: L13000160822



We have received your document for TEASE T'S LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 114A00021619

### **COVER LETTER**

Registration Section Division of Corporations

Tease Ts 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:

# Colette Wilhelm

Name of Person

Tease Ts LLC

Firm/Company

2833 NW 19th PL

Address

Cape Coral, FI 33993

City/State and Zip Code

cwilhelm.tease@gmail.com

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

For further information concerning this matter, please call:

## Colette J Wilhelm

Name of Person

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

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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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jason Ancel	1242 SW pine island road suite 42#238	} 
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Page 3 of 3

Filing Fee: \$25.00

