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COVER LETTER

т0:	Registration Se Division of Cor		,	
SUBJ	JECT:	Tetelesta: +	boldings, LLC	
		Name of Lim	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ondence concerning this matter	to the following:	
		Magni	5 Thirtsma	ΔΔ
		Tetelest	rai Holdings, 1	LLC
			Address	
		Cape Cora	City/State and Zip Code	
		Contact Q to	etelestaiholdings. of to be used for future annual report noti	COM fication)
For fu	rther information c	oncerning this matter, please co	all:	
	Magnos Th	ÀCSMAON fPerson	at (239) 246- Area Code Daytim	3108 e Telephone Number
Enclo	sed is a check for th	ne following amount:		
521 \$ 2	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

Name of the Limited	Liability Compan Florida Limited Li	y as it now appears of ability Company)	n our records.)	2015 MAY SECRET	my observation (
The Articles of Organization for this Limited Liabin Florida document number <u>L14000019435</u> This amendment is submitted to amend the following name, enter the new name of the	ing:		14(2014	268 AM 4:32 ARAMOF STATE ASSEE FLORIDA	ned
The new name must be distinguishable and contain the word				bbreviation "L.L.C	3."
Enter new principal offices address, if applicabl (Principal office address MUST BE A STREET)		Cape Cor	al, FL 33	<u>et</u> 3993	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		E 17th Ava =101492 oral, FL ?		
B. If amending the registered agent and/or registered agent and/or the new registered office			ur records, <u>enter</u>	the name of	the nev
Name of New Registered Agent: New Registered Office Address:	<u>Mag</u>	MW 215	essman or Streat street address	_	
-	Cape	Coral	, Florida _	3399 = Zip Code	3

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= M AMBR= A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Magnes theroman	1110 NW 21st Street	🗖 Add
	•	MD NW 21st Street Cape Coral, FL 33993	P □ Remove
MGR	Travis DeCese	1110 NW 21st Street	
		Cape Coral, FL 35993	Remove
			Change
			🗆 Add
			□ Remove
			Change
** ***********************************			□ Add
		**************************************	Remove
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•			□ Change

D. Ifame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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(If an eff <u>Note:</u>	ve date, if other than the date of filing:	207 (3)(b) as the
If the rec (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	May 2014. 2015.	
	Signature of a member or authorized representative of a member	
	Magnos Typed or printed name of signee Asserting to a member of a	12.00 c/cd.
	Page 3 of 3	
	Filing Fee: \$25.00	30 000