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COVER LETTER

TO: .	Registration Sec Division of Corp				
ou n	TekExpe	rts, LLC			
SUBJI	ECT:	Name of Lim	ited Liability Company		
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspon	ndence concerning this matter	to the following:		
		Robert MacKay			
			Name of Person		
		 	Firm/Company		
			Address		
		Clearwater, FL 3375	55		
		robert@tekexperts.co	City/State and Zip Code		
			to be used for future annual report notificat	ion)	
		oncerning this matter, please ca		2015 TALL	
Robe	ert MacKay		727 3662690		CTRUTTY OF
	Name of	Person -	Area Code Daytime Te	my O H	CE SERVICE
Enclose	ed is a check for th	e following amount:		PH 5:	To a
□ \$2:	5.00 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)	مقوي .

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

TO ARTICLES OF ORGANIZATION OF

ity Company as it now app	ears on our records.)	
	June 30th 2014	and assigned

ited liability company	here:	
imited Liability Company,"	the designation "LLC" or the	ne abbreviation "L.L.C."
RESS)		••••
		
	on our records, ent	er the name of the n
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		2015 31 (
		The state of the s
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<u> </u>		
Enter I	Florida street address	AHASSEE P
Enter I	Florida street address , Florida	AFEB-9
	Company were filed on nited liability company imited Liability Company," RESS)	inited liability company here: Imited Liability Company," the designation "LLC" or the state of

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

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member . **Type of Action** <u>Title</u> Name | <u>Address</u> MGR Alicia Suarez 1550 Ridgewood St □ Add Clearwater, FL 33755 ■ Remove _□ Add ☐ Remove □ Add ☐ Remove □ Add 2005 Remove

 □ Remove

□ Remove

•			
	•		
	tive date, if other than the date of fifective date must be specific, cannot be prior to the this document is filed by the Florida Depart		(optional) annot be more than 90 days after
Dated	Febuary, 6th	2015	
	Leon	allet -	
	Robert C. MacKay	I a member or authorized represe	ntative of a member
		Typed or printed name of sig	nee

Page 3 of 3

Filing Fee: \$25.00

