# 4001853

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>e #)</del>
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PICK-UP	☐ WAIT	MAIL
(0.	*	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Consist Instructions to	Filip - Officer	
Special Instructions to	Filing Officer:	

Office Use Only



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15 JUN 23 KI ID 57
SECRETARY OF STATE

JUN 2 4 2015

S. YOUNG

### **COVER LETTER**

CUDIECT.	теасн ме	TECH, LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	KAREN WAGNER O'DO	NOVAN		
		Name of Person		
	TEACH ME TECH, LLC			
		Firm/Company		
	P. O. BOX 189			
	****	Address		
	HOBE SOUND, FL 33475	5		
	Karen@TeachMeTech.Bi	City/State and Zip Code		三名 <b>动</b>
	E-mail address: (	to be used for future annual r	eport notification)	
For further information of	concerning this matter, please ca	all:		1-1-5
Karen O	'Donovan	516 at ()	662-2903	
Name o	of Person	Area Code	Daytime Telephone Number	- 5m 5
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate (cosed) Certified (cosed)	e of Status &

**MAILING ADDRESS:** 

Registration Section Division of Corporations

TO:

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

	TEACH ME TECH, LLC		
(Name of the Lim	ited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited I Florida document numberL14000118553	Liability Company were filed on	07/29/2014	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name	of the limited liability company her	e:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		ंद जी
(Principal office address MUST BE A STRE	ET ADDRESS)		10 Jan 17
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		2) - Q 
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>ent</u>	er the name of the ne
Name of New Registered Agent:	KAREN WAGNER O'DONOVAN		
New Registered Office Address:	7889 SE SUGAR SAND CIRCLE		
	Enter Florid	la street address	

#### 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.

Citv

**HOBE SOUND** 

I Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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(If an effe Note: I	re date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated _	Signature of a member or authorized representative of a member
	KAREN WAGNER O'DONOVAN
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00