

L14 000 142766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

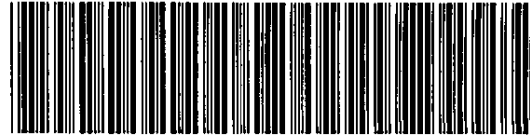
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2014 SEP 26 PM 3:31

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SEP 30 2014

T. CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TE KORE GROUP 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:

BERNARDO SANDOVAL

Name of Person

TE KORE GROUP LLC

Firm/Company

1035 WEST AVE

Address

MIAMI BEACH FL 33139

City/State and Zip Code

TEKOREGROUP@gmail.com

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

For further information concerning this matter, please call:

BERNIE

Name of Person

at (305)

Area Code

785-8228

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TE KORE GROUP LLC
(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company))

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	BERNARDO SANDOVAL	1035 WEST AVE, MIAMI BEACH FL 33139	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SECRETARY OF STATE
FALL ADMINISTRATION

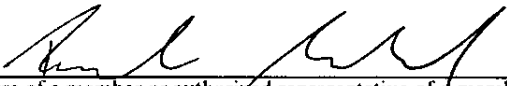
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

THE PURPOSE OF THIS AMENDMENT IS TO
ADD MYSELF AS "AUTHORIZED PERSON" TO
MY LLC.

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 23rd, 2014.



Signature of a member or authorized representative of a member

BERNARDS SANDOVAL

Typed or printed name of signee

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