15000012874

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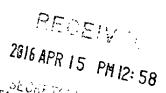
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K.SALY EXMINER APR 20





FLORIDA DEPARTMENT OF STATE TALLAHASSUE FLORIDA Division of Corporations

March 31, 2016

CRAIG TELLER 8320 TRENT COURT, UNIT D BOCA RATON, FL 33433

SUBJECT: TELCO MEDICAL, LLC Ref. Number: L15000012874

We have received your document for TELCO MEDICAL, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is M14000000365 "TELCO INVESTMENT LLC".

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.

Karen A Saly Regulatory Specialist II

Letter Number: 916A00006615

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TELCO Medical, 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:
Craig Teller Name of Person
F) 10
Firm/Company
8320 Trent Court unit D
Boxa RAton FC 33433 City/State and Zip Code Gaig TOD WALOO. Com E-mailfaddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Saig Tellel at (S61) 350-0701 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\text{Certificate of Status}\$\$ 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

ARTICL	ES OF ORGANIZATION	FILE
	OF	me LED
TEL	CO Medical, LL	2016 APR 15 PM 4: 32 SECRETARY OF STATE AND
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orda Limited Liability Company)	TEAHASSE OF STA
· ·		CEE, FLORIDA
The Articles of Organization for this Limited Liabilit	, eempus, <u></u>	and assigned
Florida document number <u>L 1500012</u>	<u>.87</u> .4	
This amendment is submitted to amend the following	3 :	
A. If amending name, enter the new name of the	limited liability company here:	
TELCO HO	DLDINGS LLC	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET AD</u>	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-
	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or re registered agent and/or the new registered office a		enter the name of the new
Name of New Registered Agent:		
New Pagistared Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flori	ido
_		Zin Code

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 =	Manager	•
AMBR =	Authorized	Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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If an effective dat Note: If the date	e, if other than te is listed, the date ate inserted in the fective date on the	e must be specific is block does n	and cannot be of meet the ap	oplicable statute	ing or more than 90 ory filing requirer	(option days after fil nents, this d	ing.) Pursuant	to 605.02 e listed
ne record sp The 90th o	pecifies a dela day after the	ayed effectiv record is file	e date, but ed.	t not an effe	ctive time, at	12:01 a.r	n. on the (earlier
Dated	4/11/	16	. 20 1 e	16. DA C	<u> </u>			
			of a member or		.,,,			

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Filing Fee: \$25.00