L15000030818

(Re	questor's Name)	
(Ad	dress)	
()		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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name chang/ amend

COVER LETTER

	ration Section of Corpo						
FI SUBJECT:	EATHER	LOK LLC					
JOBSECT.		Name of Lim	ited Liability Company	<u> </u>			
The enclosed A	rticles of An	nendment and fee(s) are sub	mitted for filing.				
Please return all	correspond	ence concerning this matter	to the following:				
		CELESTE J. BOAD	AS				
			Name of Person		•		
		TEAL GROVE LLC					
			Firm/Company		-		
		11128 NW 73RD ST	г				
			Address				
		MIAMI, FL 33178			<u> </u>	_	
			City/State and Zip Code		700	35 35	٠
	-	boadasceleste@gma				30 -51	*****
			to be used for future annual repor	t notification)	ŵ.	ري س	
For further infor	mation conc	erning this matter, please ca	all:		,	PH II:	
Christopher	J. Van D	am, Esq.	305 446-5	200		'። ረብ	·
	Name of Pe	rson		aytime Telephone Number		යා	
Enclosed is a ch	eck for the f	ollowing amount:					
□ \$25.00 Filin	g Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &		

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

(<u>Name of the Limi</u>	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)		
The Articles of Organization for this Limited L Florida document number <u>L15000030818</u>	iability Company were filed o	on 2/18/2015 and	d assigned	i
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	of the limited liability compa	ny here:		
TEAL GROVE LLC				
The new name must be distinguishable and end with the	words "Limited Liability Company	y," the designation "LLC" or the abbreviat	ion "L.L.C.	,,
Enter new principal offices address, if applied	cable:			_,
(Principal office address MUST BE A STREE	ET ADDRESS)	200 Em	টা	
		पुरु होते. स्मृतिका		<u> </u>
		10 to	ا ال	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	-45 	::
(Mailing address MAY BE A POST OFFICE	BOX)		la.	
			5	
B. If amending the registered agent and registered agent and/or the new registered o		· · · · · · · · · · · · · · · · · · ·	me of th	<u>ie ne</u>
Name of New Registered Agent:				
New Registered Office Address:	11128 NW 73RD ST	er Florida street address		
	MIAMI City	, Florida 33178	ode	
New Registered Agent's Signature, if changing	·	Σφ	nout	
I hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agree to act in			

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			□ Add
			Remove
			□ Add
			□ Remove
·			□ Add
			Remove
			□ Add
			☐ Remove
			·
			D Add
		<u> </u>	☐ Remove

	·
	(optional) not be more than 90 days after
ated March 2 , 2015 .	
ffective date, if other than the date of filing: ne effective date must be specific, cannot be prior to date of receipt or filed date and cannot date this document is filed by the Florida Department of State) ated March 2 Signature of a member or authorized representation.	

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Filing Fee: \$25.00