## L15000085592

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Cii	ty/State/Zip/Phone	e #)
<b>\</b>	<b>,</b>	,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	<u> </u>
		:





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## **COVER LETTER**

	egistration Se ivision of Cor			
	Totalcom C	one, LLC		
SUBJECT	` <b>:</b>	Name of Lim	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Justin Olds		
			Name of Person	-
		Totalcom One, LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>
		27535 Pine Point Drive		
			Address	
		Wesley Chapel, FL 33544		
			City/State and Zip Code	<del></del>
		justin@totalcom1.com		
		E-mail address: (	to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please c	all:	
Justin Old	s		727 967-0161	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

## TO LES OF ORGANIZATION **OF**

TotalCom One, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company lorida document number	were filed on May 14, 2015	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	27535 Pine Point Drive	
Principal office address MUST BE A STREET ADDRESS)	Wesley Chapel, FL 33544	-
nter new mailing address, if applicable:	1936 Bruce B. Downs Blvd #449	
Mailing address MAY BE A POST OFFICE BOX)	Wesley Chapel, FL 33543-9262	
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here  Name of New Registered Agent:		r the name of the
New Registered Office Address:		P
A THE COMPANY OF STREET A SAMPANY.	Enter Florida street address	ပြင်း မှ
	, Florida _ City	Zip Code
ew 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

	or	removed	from	our r	ecords:
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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jessica Olds	27535 Pine Point Drive	
		Wesley Chapel, FL 33544	Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
		<del></del>	□ Remove
		***************************************	□ Change
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<u></u>	FEB
	500 J
Effective.	date, if other than the date of filing:(optional)
(If an effecti	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020%
Note: If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
document	s circuity that on the Department of State 8 records.
he recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	of the day after the record is filed.
Dated	February 2. 296
	Signature of a member or authorized representative of a member
	Justin Cros
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00