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(Re	equestor's Name)	·
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates of	f Status
Special Instructions to	Filing Officer:	





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Registration Section

Division of C	orporations		√. **€
TAS Fore	ensics LLC		
SUBJECT;	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Jean-Marie Van Der Elst		
		Name of Person	
		Firm/Company	
3210 N Wickham Road, Suite 5			
		Address	
	Melbourne, FL 32935		
		City/State and Zip Code	
	jmelst@icloud.com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	2015 SEC
Jean-Marie Van Der E	lst	772 617-4190 at ()	CARET TO
Name	of Person		SECRETION A II: 4 SECRETION OF STATE Telephone NumberSEE, FLORIE
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)	S60.00 Filing Fee. Concerning Continued 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 ARTICLES OF ORGANIZATION OF

TAS Forensics LLC		
(Name of the Lim	ited Liability Company as it now app (A Florida Limited Liability Compan	nears on our records.)
he Articles of Organization for this Limited I	Liability Company were filed on	May 27, 2015 and assigned
lorida document number L15000093351	•	
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name	of the limited liability company	y here:
he new name must be distinguishable and contain the	words "Limited Liability Company," the	he designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		2115 2115
		ARC U
nter new mailing address, if applicable:		ASS.
<u> Iailing address MAY BE A POST OFFICE</u>	BOX)	m ⁻ <
		7.2
		ORIO T.
. If amending the registered agent and egistered agent and/or the new registered of	or registered office address	on our records, enter the name of the
	THE WALL OF HELD.	
Name of New Registered Agent:		
New Registered Office Address:	3210 N Wickham Road, Suite	5
	Enter I	Florida street address
	Melbourne	, Florida ³²⁹³⁵
	City	Zip 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>	<u>Name</u>	Address	Type of Action
MGR	Jean Eric Van Der Elst Portero	150 West University Blvd	⊟ Add
		Melbourne, FL 32901	□ Remove
			☐ Change
			□ Remove
			□ Change
		-	Add
			□ Remove
			Change
			SECRETARY OF STATE OR 10 Add
			Change Change
			<u> </u>
			□ Remove
			☐ Change
			Add
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ective date, if other than the	05/27/2015		(optional)		
effective date is listed, the date mu	st be specific and cannot be prior to date of ock does not meet the applicable sta		lays after filing.)		
he 90th day after the rec			2:01 a.m. o	n the ea	rlier
ed July 14	2015 Law Gaudu 2 Signature of a member or authorized re				
	Ja Diandu S	du .			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00