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. (1	Requestor's Name)	
(.	Address)	
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T. HAMPTON

COVER LETTER

**

TO: Registration Sec Division of Corp			
SUBJECT:	TE E SOURCE	LLC	
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mack	Takaki Name of Person	_
		Firm/Company	
	21959 1	silmont Ct. Address	<u> </u>
	BocaR	City/State and Zip Code	28
	E-mail address: (1	x @ comcast, o be used for future annual report notific	next cation)
For further information co	ncerning this matter, please ca	ıll:	
Mark Name of	Takaki Person	at (50de) 239 - Daytime	(1865 Telephone Number
Enclosed is a check for the	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JUOZ313T		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number 1500097979.	were filed on(e/4/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		75 T
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		S, enter the name of the new
registered agent and/or the new registered office address ner	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	īs —
		orida
	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 Title Name **Address Type of Action** Jordan Bean 12491 Baywind Cx. DAdd Boca Raton, FL. 33428 Ellis, Brent 11762 Laure Valley Cir. - Add Wellington, FL 33414 Remove ☐ Change Takaki, Made 21959 Philmont G. Boca Raton, FL 33428 Remove ☐ Change Scot Brands 1608 Old Hunter Trace - Add Marietta, GA 300(2 Remove ☐ Change □ Add Change

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E ffective date If an effective dat	, if other than the d e is listed, the date must b	ate of filing:	be prior to date of filing	(opt or more than 90 days aft	t ional) er filing.) Pursuant to 60
Note: If the da	ite inserted in this bloc ective date on the Dep	k does not meet the	applicable statutory	filing requirements, th	is date will not be list
document 5 cm	couve date on the Bep	artificity of State 3.1	ecords.		
ne record sp	ecifies a delayed e	effective date, l	out not an effective	ve time, at 12:01	a.m. on the earl
The 90th d	lay after the recor	d is filed.		,	
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Dated	6/8	, <u>&U</u>	15		ZSE 5
					CR. S
	S	ignature of a member	or authorized représenta	utive of a member	530
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		Mack	lakak	ረ ኘ	77

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Filing Fee: \$25.00