4/30/2019

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLORIDA TAX HOUSE

Account Number : 120190000015 : (407)203-1054 Phone Fax Number : (407)386-9170

\*\*Enter the email address for this business entity to be used for future annual report mailings. Policy and the second se annual report mailings. Enter only one email address please. \*\* --

Brail Address: SUPPORT @FL+AX HOUSE. CON

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TELES & SAWYER REALTY LLC

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May 2, 2019

FLORIDA DEPARTMENT OF STATE
Division of Comorations

TELES & SAWYER REALTY LLC 7524 SEURAT STREET UNIT 104 ORLANDO, FL 32819US

SUBJECT: TELES & SAWYER REALTY LLC REF: L15000128280

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The company listed as registered agent must read as it does on our data base. We do not have a "Florida Tax Bouse" listed as a fictitious name; but we do have one listed as an 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 FAX And. #: H19000143284 Letter Number: 919A00008840 2019 JUN 11 PH 2: 37

P.O BOX 6327 Tallahassec, Florida 32314

## COVER LETTER

TO:	Registration S Division of Co						
	TELES &	SAWYER REALTY LLC					
SURJE							
		Name of Limited	Liability Company	<del></del>			
The enc	losed Articles of	Amendment and fee(s) are submitte	 e <b>∮</b> for filing.				
Please n	eturn all correspo	ondence concerning this matter to th	c following:				
		FRICKA LOPES					
			Nume of Person		_		
		FLORIDA TAX HOUSE LLC					
			Firm/Company		_		
		7550 FUTURES DR, SUITE 30	06			20	
			Address		+ it;π; ⊊.	2019 JUN	
		ORLANDO/FL 32819			:	<u> </u>	
		Ci SUPPORT@FLTAXHOUSE.CC	ty/State and Zip Code		.′	- PH	
		E-mail address: (to be	used for future annual repo	n notification)			
	er information o	oncerning this matter, please call:			- 2 €	2: 37	
	CLOP1.3		407 371 27:	22			
	Name of	f Person	Area Code D	aytime Telephone Number	τ		
Enclosed	is a check for th	e following amount:					
		<del>-</del>	\$55.00 Filing Fee &	□ #Z0 00 E:	n e e		
- 023.	ov rung ree	Certificate of Status	Certified Copy (additional copy is enclosed	Certified	ne of Status		
		ING ADDRESS:		OURIER ADDRESS:			
Registration Section Division of Corporations		Registration S Division of C					
	P.O. Bo	ox 6327	Clifton Buildi	ing			
Tallahassee FL 32314		1 2661 Evecution	ve Center Circle				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TELES	& S	ΛW	YER	REAL	TY	LLC

(Name of the Lim	ked Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company;
The Articles of Organization for this Limited I. Florida document number L15000128280	iability Comp	pany were filed on 07/28/2015 and assigned
This amendment is submitted to amend the foll	lowing:	
A. If amending name, enter the new name of	of the limited	liability company here:
The new name must be distinguishable and contain the v	words "Limited I	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		
(Principal office address MUST BE A STREE	T ADDRESS	5)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:	or registered	TAX HOUSE LLC  RES DRIVE, STE 306
		Enter Florida street address
	ORLANDO	City Florids 32819 Zip Code
New Registered Agent's Signature, if changing F	Registered Age	
provisions of all statutes relative to the propa accept the obligations of my position as regis	er and complessered agent of change.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability  Changing Registered Agent, Signature of New Registered Agent

or remove	ng Authorized Person(s) authorized to d from our records:	marage, enter the title, name, and address	s of each person being added
MGR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	LEANDRO CEZAR F TELES	5384 OAKBOURNE AVE - DAVENPORT - FL 33837	
			Remove
MGR	ERICKA LOPES	5384 OAKBOURNE AVE -	■ Change
<del></del>		DAVENPORT - FL 33R37	<b>=</b> Add
			☐ Remove
MGR	BRIANNA I SAWYER	7524 SEURAT ST # 104 -	C) Change
		ORLANDO - FL 32819	Add
			Remove  Change
			AFTRUVE Change
			Add
			□ Remove
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be	(optional) prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	0 <b>2</b> 0
ote: If the date inserted in this block does not meet the appointment's effective date on the Department of State's reco	policable statutory filing requirements, this date will not be lister	d a
·		
record specifies a delayed effective date, but	not an effective time, at 12:01 a.m. on the earlie	rc
The 90th day after the record is filed.		
APRIL 30TH 2019		
	<del>                                     </del>	
Signature of manner of		
Signature of a member of	thurized representative of a member	
111170000000000000000000000000000000000		
LEANDRO CETAR FERREIRA ITEES	printed name of signee	

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Filing Fee: \$25.00