

L15000131162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

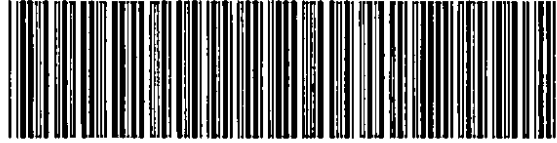
(Business Entity Name)

(Document Number)

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2021 JAN 15 AM 7:05
JAN 15 2021

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FEB 24 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TERESA E FREY & ASSOCIATES, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Douglas Frey

Name of Person

TEFA, LLC

Firm/Company

P.O. Box 24943

Address

Jacksonville, Florida 32241

City/State and Zip Code

defrey12@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Douglas Frey

706

201-6330

at ()

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TERESA E FREY & ASSOCIATES, LLC

2021 JAN 15 AM 7:05

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/31/2015 and assigned
Florida document number L15000131162

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TEFA, LLC

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

P.O. Box 24943

Jacksonville, Florida 32241

If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

by 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 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

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

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2021 JAN 15 AM 7:05

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Frey Living Trust; May 29, 2012	12108 Weatherwood Estates Dr W, Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TERESA E FREY	12108 Weatherwood Estates Dr W, Jacksonville, Florida 32223	<input type="checkbox"/> Add
		Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	DOUGLAS E FREY	12108 Weatherwood Estates Dr W, Jacksonville, Florida 32223	<input type="checkbox"/> Add
		Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
1	TERESA E FREY, TRUSTEE	12108 Weatherwood Estates Dr W, Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	DOUGLAS E FREY, TRUSTEE	12108 Weatherwood Estates Dr W, Jacksonville, Florida 32223	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32223	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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2021 JAN 15 AM 7:05

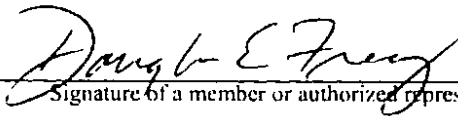
STATE
TREASURY

Effective date, if other than the date of filing: JANUARY 15, 2021 (optional)

If an effective 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 605.0207 (3)(b) **note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the document is filed.

Filed JANUARY 13, 2021



Signature of a member or authorized representative of a member

DOUGLAS E FREY

Typed or printed name of signee

Filing Fee: \$25.00