

L16000037093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

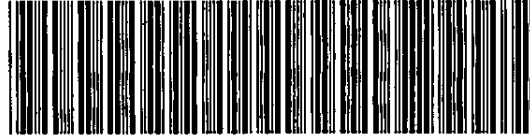
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600283916746

04/06/16--01004--017 \*\*25.00

FILED  
2016 APR -6 PM 1:50  
STATE OF FLORIDA  
PALM BEACH COUNTY

K. SALY  
EXAMINER  
APR - 8

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TEOFLOL, 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:

TROY H. MYERS, JR.

\_\_\_\_\_  
Name of Person

ICARD, MERRILL, CULLIS, TIMM, FUREN & GINSBURG, P.A.

\_\_\_\_\_  
Firm/Company

2033 MAIN ST STE 600

\_\_\_\_\_  
Address

SARASOTA, FL 34237

\_\_\_\_\_  
City/State and Zip Code

TMYERS@ICARDMERRILL.COM

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

For further information concerning this matter, please call:

TROY H. MYERS, JR.

941

953-8110

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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FILED  
2016 APR -6 PM 1:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TEOFLO, LLC

(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 FEBRUARY 22, 2016 and assigned  
Florida document number L16000037093.

This amendment is submitted to amend the following:

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

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)

**B. 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: STEPHEN PILEGGI

New Registered Office Address: 16 S ORANGE AVE

*Enter Florida street address*

SARASOTA, Florida 34236  
*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>	<u>Address</u>	<u>Type of Action</u>
MGR	TROY H. MYERS, JR.	2033 MAIN ST STE 600	<input type="checkbox"/> Add
		SARASOTA, FL 34237	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

RECEIVED  
16 APR 15  
11:00  
ST. JOHN  
FLORIDA

2016 APR - 6  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 04-01-2016 BY 60322  
UCBAW/STP

FILED  
2016 APR -6 PM 1:50  
CLERK OF DISTRICT COURT  
ALLIANCE STATE

**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.

Dated MARCH 7 / 31st, 2016

ARCH

*[Handwritten signature]*

Signature of a member or authorized representative of a member

TROY H. MYERS, JR.

Typed or printed name of signee