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COVER LETTER

SUBJECT:	TED NEMETZ LLC	
30B3EC1		Limited Liability Company
The enclosed Art	icles of Amendment and fee(s) are	submitted for filing.
Please return all o	correspondence concerning this ma	atter to the following:
	Scott	Seagrave
		Name of Person
	The Sa	pagrave Law Office PLLC
	1116 36	Firm/Company
	100 C	
		Address
	Port	Orange, FL 32128
		City/State and Zip Code
	Scott(@seagravelawoffice.com
For further inform		· ·
Scott	Seagrave	at (386) 478-7202
	Name of Person	Area Code Daytime Telephone Number
	Articles of Amendment and fee(s) are submitted for filling. all correspondence concerning this matter to the following. SCOUT Seagrave Name of Peson The Seagrave Law Offfice, PLLC Firm/Company 100 Cessna Blvd., Suite 1A Address Port Orange, FL 32128 City/State and Zip Code SCOUTSeagravelawoffice.com E-mail address: (to be used for future bannual report notification) Information concerning this matter, please call: Lt Seagrave Name of Person Area Code Name of Person Area Code Certificate of Status Certificate Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 266 [Executive Center Circle]	
Enclosed is a che	ck for the following amount:	
Ճ \$25.00 Filing		S Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
	Registration Section Division of Corporations	Registration Section Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TED NEMETZ LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) pility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 03/29/2016 and assigned
Florida document numberL16000062527	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabili</u>	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	س خ سس ⊳'ن ا
Enter new principal offices address, if applicable:	8 LL 8
Principal office address MUST BE A STREET ADDRESS)	AN 2
Enter new mailing address, if applicable:	G S S
Mailing address MAY BE A POST OFFICE BOX)	ਹ ਤੁਜ਼
3. If amending the registered agent and/or registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	rmer pioriai street adaress
	Florida
New Registered Agent's Signature, if changing Registered Agent:	Esp Code
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as propeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am familiar with and ovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

	ling Authorized Person(s) authorized to a contract to a co	nanage, enter the title, name, and add	ress of each person being added
MGR =			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Linda Graffeo	1819 Lindbergh Lane	_ ₫ Add
		Port Orange, FL 32128	B ☐ Remove
			Change
			Add
			Remove
			□ Change
			□ Remove
			Change
			□ Remove
			□ Change
			Remove
			Change
			Remove
			Change

If amen	ding any other information, o	enter change(s) her	e: Attach ada	litional sheets, if ne	cessary.)	
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If an effect Note: I	e date, if other than the date tive date is listed, the date must be sport the date inserted in this block don't's effective date on the Department.	ecific and cannot be prior ses not meet the applic	able statutory f	or more than 90 days aft	tional) ter filing.) Pursuant to 605 his date will not be list	5.0207 (3) ed as the
	rd specifies a delayed effe 10th day after the record is		ot an effectiv	e time, at 12:01	a.m. on the earli	er of:
Dated _	January 24	. 2018				
	Ah	16mg	-12	tino of a1		
	Signat	ure of a member or auth	onzeu representa	uve of a member		
	mb a a d	dore J. Nemet	_1			

Page 3 of 3

Filing Fee: \$25.00