

L16000109252

10/05/2017 THU 17:13 FAX

001/004

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H17000263109 3)))



H170002631093ABC\$

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To:

Division of Corporations  
Fax Number : (850) 617-6383

# 890000.9001

From:

Account Name : TRIPP SCOTT, P.A.  
Account Number : 075350000065  
Phone : (954) 525-7500  
Fax Number : (954) 761-8475

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.  
Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TSE CONSULTING, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

FILED  
17 OCT -5 AM 7:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/6/17

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H17000263109

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

TSE CONSULTING, 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 June 6, 2016 and assigned  
Florida document number L16000109252.

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)

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**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:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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: *H17000263109*

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>            | <u>Type of Action</u>                   |
|--------------|----------------|---------------------------|-----------------------------------------|
| MGR          | CANDICE ERICKS | 110 SE 6th ST., 5th FLOOR | <input checked="" type="checkbox"/> Add |
|              |                | FORT LAUDERDALE, FL 33301 | <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         |
|              |                |                           | <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.) H17 000263/09

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (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.

If the 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 record is filed.

Dated OCTOBER 4

2019

Signature of a member or authorized representative of a member

Paul O. Lopez, President of Member

Typed or printed name of signee