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## **COVER LETTER**

| Division of Corporations    |   |   |  |  |
|-----------------------------|---|---|--|--|
| SUBJECT: Powell A           |   | · · · · · · · · · · · · · · · · · · ·                                     |  |  |
|                             | Name of Lim                                     | ited Liability Company  |  |  |
|                             |   |   |  |  |
| The enclosed Articles of    | Amendment and fee(s) are sub-                   | mitted for filing.  |  |  |
| Please return all correspo  | indence concerning this matter                  | to the following:   |  |  |
|                             | Mark L. Powell                                  |   |  |  |
|                             |   | Name of Person  | <del></del>  |  |
|                             | Powell Asset Group                              | LLC   |  |  |
|                             | ·   | Firm/Company  |  |  |
|                             | 8125 Gabanna D                                  | rive  |  |  |
|                             |   | Address   |  |  |
|                             | Sarasota, FL 34231                              |   |  |  |
|                             |   | City/State and Zip Code   |  |  |
|                             | powellml@outlook.com<br>F-mail address: ()      | to be used for future annual report notific                               |  |  |
| For further information e   | oncerning this matter, please co                |   | ,  |  |
| Mark L Powell               |   | .941 . 210-8341   |  |  |
| <u> </u>                    | f Person  | at (941 ) 210-8341 Daytime  | Telephone Number   |  |
|                             |   |   |  |  |
| Enclosed is a check for the | he following amount:                            |   |  |  |
| □ \$25.00 Filing Fee        | ■ \$30,00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | □ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |  |
| MAIL                        | ING ADDRESS:                                    | STREET/COURIE   | R ADDRESS:   |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| · ARTIC  | TO<br>LES OF ORGANIZATION   | 20   |
|--|---|--|
|  | OF  | 10/2                                       |
| Powell Asset Group LLC (Name of the Limited  | Liability Company as it now appears on our records.) Florida Limited Liability Company)   | and assigned                               |
| The Articles of Organization for this Limited Liabi  | ility Company were filed on 06/24/2016  | and assigned                               |
| This amendment is submitted to amend the followi   | ing:  |  |
| A. If amending name, enter the new name of th  | e limited liability company here:   |  |
| Teulu Alliance LLC   |   |  |
| The new name must be distinguishable and contain the word  | ls "Limited Liability Company," the designation "LLC" or the al   |  |
| Enter new principal offices address, if applicable   | le: <u>SAMA ADORA</u>   | iss_                                       |
| (Principal office address MUST BE A STREET A   | ADDRESS)  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office.  Name of New Registered Agent: | registered office address on our records, <u>enter</u><br>e address here:   | the name of the new                        |
|  | ——————————————————————————————————————  |  |
| New Registered Office Address:   | Enter Florida street address  |  |
|  | . Florida   |  |
| -  | City . Fibrida  | Zip Code                                   |
| New Registered Agent's Signature, if changing Reg  | istered Agent:  |  |
| provisions of all statutes relative to the proper a<br>accept the obligations of my position as registe                      | igent and agree to act in this capacity. I further ag<br>and complete performance of my duties, and I am j<br>red agent as provided for in Chapter 605, F.S. Or,<br>sistered office address, I hereby confirm that the lit<br>ange. | familiar with and<br>, if this document is |
|  | If Changing Registered Agent, Signature of New Ro   | egistered Agent                            |

Page 1 of 3

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 = A     | uthorized Member |                |                |
|--------------|------------------|----------------|----------------|
| <u>Title</u> | Name             | <u>Address</u> | Type of Action |
|              |                  |                |                |
|              |                  |                | ☐ Remove       |
|              |                  |                | Change         |
|              |                  |                | 🗖 Add          |
|              |                  |                | Remove         |
|              |                  |                | Change         |
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| •            |   |
| Note         | ctive date, if other than the date of filing:   |
|              | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:<br>ne 90th day after the record is filed. |
| Date         | 3 October 2019  |
|              | //15  |
|              | Signature of a member or authorized representative of a member  |
|              | Mark L. Powell  |
|              | Typed or printed name of signee   |

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Filing Fee: \$25.00