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SECRETARY OF STATE

D. SCOTT JAN 1 3 2017

## **COVER LETTER**

Div	ision of Corp	orations		
SUBJECT:	T-Rexx Cons	sultants, LLC		
SOBOLOTI		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Teresa M Hughes-Torelli		
Name of Person				
			Firm/Company	
		8713 Elmwood Ln		
			Address	
		Tampa Florida 33615		
		·-	City/State and Zip Code	
		teresatorelli@aol.com		
		E-mail address: (t	to be used for future annual report notification)	
For further in	nformation con	ncerning this matter, please ca	all:	-4.00 <b>-4</b>
Teresa M Hu	ighes-Torelli		813 317-6193 at ()	2000年 五
,	Name of I	Person	at ()Area Code Daytime Teleph	one Number  1 \$60.00 Filing Fee,  Cognificate of Statutes
Enclosed is a	check for the	following amount:		29 <b>2</b> 0
□ \$25.00 F	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Copy (additional copy is enclosed)

TO:

Registration Section

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

T-REXX Consultants, 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 Dec 19, 2016 \_\_\_\_ and assigned Florida document number L16000228026 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Teresa Hughes-Torelli, 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) 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 City

## 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 = AMBR =	Manager - Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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lf an eff	ective 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.
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed, ent's effective date on the Department of State's records.
cic/e iiiii	the seriestive date on the explanation of other precious.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	
	2
	Jusa M trylo- Jan
	Signature of Teresu M Hughes - Toulli

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Filing Fee: \$25.00