

# L17000005540

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(Requestor's Name)

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(City/State/Zip/Phone #)

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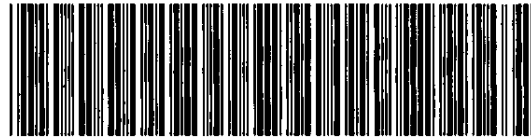
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:55

JAN 24 2017  
S. YOUNG

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TEM INTERNATIONAL REPS, 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:

Tessa Noens  
Name of Person

TEM INTERNATIONAL REPS, LLC  
Firm/Company

2554 OUTRIGGER LANE  
Address

NAPLES, FLORIDA 34104  
City/State and Zip Code

info@noensworldsupply.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tessa Noens at (239) 249-4815  
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

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TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:55

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

TEM INTERNATIONAL REPS, 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 Jan. 6, 2017 and assigned  
Florida document number L17000005540

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:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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>
AMBR	Eduardo Madriz	2554 Outrigger Lane	<input type="checkbox"/> Add
		Naples, FLORIDA 34104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

(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.

Dated January 20th, 2017.

  
Signature of a member or authorized representative of a member organization

Signature of a member or authorized representative of a member

Tessa Noens

Typed or printed name of signee

## *Certified Copy*

I certify the attached is a true and correct copy of the Articles of Organization of TEM INTERNATIONAL REPS, LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on January 06, 2017, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L17000005540.

Authentication Code: 170110125752-300294028383#1

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:55

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Tenth day of January, 2017



*Ken Detzner*  
Ken Detzner  
Secretary of State

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L17000005540  
FILED 8:00 AM  
January 06, 2017  
Sec. Of State  
tscott

**Article I**

The name of the Limited Liability Company is:

TEM INTERNATIONAL REPS, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

2554 OUTRIGGER LANE  
NAPLES, FL. US 34104

The mailing address of the Limited Liability Company is:

2554 OUTRIGGER LANE  
NAPLES, FL. US 34104

**Article III**

The name and Florida street address of the registered agent is:

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL. 33612

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: CHEYENNE MOSELEY, US CORP. AGENTS

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
17 JAN 23 PM 4:55

#### Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
TESSA NOENS  
2554 OUTRIGGER LANE  
NAPLES, FL. 34104 US

Title: AMBR  
MARIJKE NOENS  
2554 OUTRIGGER LANE  
NAPLES, FL. 34104 US

Title: AMBR  
EDUARDO MADRIZ  
2554 OUTRIGGER LANE  
NAPLES, FL. 34104 US

L17000005540  
FILED 8:00 AM  
January 06, 2017  
Sec. Of State  
tscott

Signature of member or an authorized representative

Electronic Signature: CHEYENNE MOSELEY, LEGALZOOM.COM, INC.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
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