# L17000005540

(Re	equestor's Name)	)
(Ad	ldress)	<del></del>
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(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
		7/7/21 7/7/21

Office Use Only



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21.111 -1 PH 3: 48



## RECEIVED

2021 JUL - 1 AM 10: 18

#### FLORIDA DEPARTMENT OF STATE . Division of Corporations

Letter Number: 121A00012237

June 4, 2021

TESSA NEONS. NOENS 4100 CORPORATE SQUARE STE 106 NAPLES, FL 34104

SUBJECT: TEM INTERNATIONAL REPS, LLC

Ref. Number: L17000005540

We have received your document for TEM INTERNATIONAL REPS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews **OPS** 

www.sunbiz.org

## COVER LETTER

TO: Registration S Division of Co			
SUBJECT: TEM	1 International	· Reps, LLC	
Sobation	Name of Lin	nted Liability Company	
			•
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Tossa NINO	ens	
	Tessa Noe	Name of Person	
	TEM Intern	Firm/Company	LC
		Firm/Company	
	4100 Corp	nate Squale :	Suite 106
		Address	
	Naples, FI	34104	
		City/State and Zip Code  NrepS. com	
	Tessa eter	nreps.com	E
		to be used for future annual report not	ireanon)
_	oncerning this matter, please c		
Tessa No	ens	at(239_) 529-	2334
Name of	f Person	Area Code Daytime Telephone Number	
Enclosed is a check for th	e 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 enclose
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ction
Division of Co	orporations	Division of Cor	porations
	P.O. Box 6327 Tallabasson, FL 32314		lallahassee e Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION, FILE OF

TEM International Reps Luc

(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 01/06/0017 and assigned

Florida document number <u>L1700063</u>	5540		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t			1
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the d	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	<u>9.N)</u>	4100 Ca Naples	FL 34104
B. If amending the registered agent and/or reg agent and/or the new registered office address	<u>here</u> :	address on our r	ecords, <u>enter the name of the new registered</u>
Name of New Registered Agent:	N/A		
New Registered Office Address:			
			ida street address
		City	, Florida
New Registered Agent's Signature, if changing Reg	vistered Agent:		zajrijnac
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the res company has been notified in writing of this ch	agent and agr and complete red agent as p distared office	ce to act in this of performance of provided for in C	my duties, and I am familiar with and hapter 605, F.S. Or, if this document is
	. /	٨	

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 addor removed from our records:

MGR = A $AMBR = A$	lanager N/A authorized Member	21 JUL - 1 PH 3: 49	
<u>Title</u>	<u>Name</u>	Address 21 JUL - 1 FR 3. 43	Type of Action
<del></del>	· · · · · · · · · · · · · · · · · · ·		🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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<u> </u>			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			OChange
		□Remove	
			□Change
			□Add
			□Remove

□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)
Reclassification of Shares: 21 JUL-1 PH 3:49
Tessa Noens 60%
Marijke Maxwell 40%
J
E. Effective date, if other than the date of filing: Occupation (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)(In 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 <u>Une: 38</u> . 2031.  Lessa No euco-  Signature of a member or outhorized representative of a member
Tessa Noens Typed or printed name of signer