# 47000017242

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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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### **COVER LETTER**

Division of C			
Tesluro l	TC		
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Kaila Eckers		
		Name of Person	
	Tesluro LLC		·
		Firm/Company	
	82063 Chickadee Lane		
		Address	
	Yulee, FL 32097		
		City/State and Zip Code	
	bibe0031@umn.edu	to be used for future annual report notifi	
		•	canon)
For further information	concerning this matter, please ca	AII:	
Kaila Eckers		651 500-8636	
Name	of Person		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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tesluro LLC	A Comment of the Comm	. The same	
(Name of the Lin	nited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)		11.1 m
	Liability Company were filed on 01/23/2017	and ass	igned
Florida document number L17000017242	<del></del> .		
This amendment is submitted to amend the fo	llowing:		
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 appl	icable:		
(Principal office address MUST BE A STRE	EET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	<del></del>	
		<del></del>	
B. If amending the registered agent and	d/or registered office address on our records, e	nter the name	of the new
registered agent and/or the new registered		SEC.	
		AHA AHA	71
Name of New Registered Agent:		SSE TO	=
New Registered Office Address:	Enter Florida street address	FO. R	
		1: 02:	
	, Florid	a 7fa 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>	Name	Address	Type of Action
AMBR	Kaila Eckers	82063 Chickadee Lanc, Yulee, FL.:	Add
			Remove
			☐ Change
AMBR	Isaac Eckers	82063 Chickadee Lane, Yulee, FL:	Add
			Remove
			☐ Change
			☐ Remove
	•		☐ Change
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ffective date, if other the	nan the date of filing:	May 2nd, 2018	(optio	nal) 605 0207 (3
<u>lote:</u> If the date inserted i	n this block does not meet t	he applicable statutory filing re	equirements, this date will not be	listed as th
ocument's effective date (	on the Department of State's	s records.		
e record specifies a c	lelayed effective date,	but not an effective time	e, at 12:01 a.m. on the ea	arlier of:
The 90th day after t	ne record is filed.			
ated May 2nd	20	18		
atcu	M			
	Signature of a memb	er or authorized representative of i	nember	_
~	Deniardic of a friction		# 1110111VV	
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Filing Fee: \$25.00