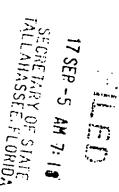
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COVER LETTER

TO:	Registration Sea Division of Corp						
SUBJE	Teal Fidelit	y Trust, LLC					
50000	<u></u>	Name of Lim	ited Liability Company				
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
		Roger B. Rukin					
			Name of Person				
		Teal Fidelity Trust, LLC					
			Firm/Company				
		PO Box 499					
			Address				
		Lake Worth, FL 33460					
	City/State and Zip Code						
		roger@rukincpa.com					
		E-mail address: (to be used for future annual report notific	cation)			
For furt	her information co	oncerning this matter, please co	all;				
Roger I	3. Rukin		561 586-0100				
	Name of	Person	at ()	Telephone Number			
Enclose	d is a check for th	e following amount:					
■ \$2 5	.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

Teal Fidelity Trust, LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L17000168690</u> .	ere filed on August 8, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y 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)	
<u>-</u>	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	te address on our records, enter the name of the new
Name of New Registered Agent:	17 SE
New Registered Office Address:	Enter Florida street address
· · · · · · · · · · · · · · · · · · ·	City Florida Transfer City
New Registered Agent's Signature, if changing Registered Agent:	RIDA
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac	erformance of my duties, and I am familiar with and wided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	Address	Type of Action
	lia R. Rukin Revocable ust U/A/D 5/7/96	PO Box 499	Add
		Lake Worth, FL 33460	■ Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change
·			
			Remove
			Change
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		· · · · · · · · · · · · · · · · · ·	
			Remove
			Change

	
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	days after filing.) Pursuant to 605.0207 (2
he record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	12:01 a.m. on the earlier of:
Dated 8/29/2017.	
Signature of a member or authorized representative of a membe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00