L17000176844

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TED CONNURS Properties 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:					
TED CONNORS Name of Person					
TED CONNORS Properties LLC Firm/Company					
2000 Linton Lake Dr. Apt. G					
De Iray Beach, FL. 33445 City/State and Zip Code					
Ted Connors 1972 @gmail.com E-mail address: (to be used for future annual report foolification)					
For further information concerning this matter, please call:					
TED CONNORS at (561) 752-5868 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

2017 NOV 19 PA 31 15

Ted Connors Properties LL ALLAHASSEE, FLORIDA (Name of the Limited Liability Company) (A Florida Limited Liability Company)	5
Ted Connors Properties LL CLAHASSEE, FLORIDA (Name of the Limited Liability Company) (A Florida Limited Liability Company)	
orida document number <u>L17000176844</u> and assigned	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here:	
TLC ELITE MARKET'ING LLC e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	_
nter new principal offices address, if applicable:	_
rincipal office address MUST BE A STREET ADDRESS)	_
	_
nter new mailing address, if applicable:	_
failing address MAY BE A POST OFFICE BOX)	_
	_
If amending the registered agent and/or registered office address on our records, enter the name of the gistered agent and/or the new registered office address here:	new
Name of New Registered Agent:	_
New Registered Office Address: Enter Florida street address	<u>-</u>
, Florida, Zin 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 or remove	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	MILED			
<u>Title</u>	<u>Name</u>	Address Add	Type of Action		
			□ Remove		
			Change		
			□ Add		
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	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	ZOIT NOV -9 PA 3 15
-	2017 NOV 50
	SECRETARY OF STATE TALLAHASSEE, FLORIDA
	ALLAHASSE OF STATE
	TOSEE, FEORINA
	
-	
E. Effective	e date, if other than the date of filing: (optional) ive 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)(
(If an effect Note: If	ive 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)(the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
	t's effective date on the Department of State's records.
f the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
	Oth day after the record is filed.
	November 3, 2017
Dated	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	organisate of a memori of authorized representative of a member
	TED CONNORS
	, - , - , - , - , - , - , - , - , - , -

Page 3 of 3

Filing Fee: \$25.00



October 27, 2017

TED CONNORS PROPERTIES LLC TED CONNORS 2000 LINTON LAKE DR, APT. G DELRAY BEACH, FL 33445

SUBJECT: TED CONNORS PROPERTIES LLC

Ref. Number: L17000176844

We have received your document for TED CONNORS PROPERTIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L04000030665 "TC VENTURES, LLC".

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) 245-6051.

Karen A Saly Regulatory Specialist II

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Letter Number: 517A00021805