170017	7760
(Requestor's Name) (Address) (Address)	100309201431
(City/State/Zip/Phone #)	02/22/1801013014 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ECRETARY OF STATE LLAHASSEE.FLORIDA 8 FEB 22. PH 7: 07

, , , ,		COVER LETTER	
TO: Registration S Division of Co			
TOTAL I	EFFECTIVENESS SOFTWARE	S LLC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Jean-Marc Widmer		
		Name of Person	
	Total Effectiveness Softwa	ures LLC	
		Firm/Company	
	1500 Weston Rd, Suite 20)-28	
		Address	
	Weston, FL 33326	Circulation of The O d	
	cfo@totaleffectiveness.net	City/State and Zip Code	
		to be used for future annual report notification)	
further information	concerning this matter, please ca	di:	
Ican Deglon		954 770 5348 at ()	
Name	of Person	Area Code Daytime Telephone Number	
inclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & \$60.00 Filing Fee & Certified Copy Certificate of (additional copy is enclosed) Certified Copy (additional copy is enclosed) (additional copy is	Status &
Regist Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 hassee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL EFFECTIVENESS SOFTWARES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices address, if applicable:	1500 Weston Rd	E E
(Principal office address MUST BE A STREET ADDRESS)	Suite 200-28	
	Weston, FL 33326	64
		PH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1500 Weston Rd	بر
	Suite 200-28	04
	Weston, FL 33326	

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 ad	drcas
-	, ,	Florida

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

Page 1 of 3

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
MGR	JEAN-FRANCOIS DEGLON	14980 Windbluff St	🖸 Add
		Davie, FL 33331	Remove
			Change
MGR	JEAN-MARC WIDMER	8785 Thousand Pines Cir	🖾 Add
		West Palm Beach, FL 33411	Remove
			Change
	·		O Add
			Remove
			Change
	<u></u>		🗅 Add
		<u> </u>	C Remove
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			🗅 Add
			Remove
		·····	Change
		<u></u>	Add
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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						7:07	TALLAHASSEE, FLORIDA
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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.

February 2	2018	, ,
		Allin
	Signature of a member or authorized re	preientanve of a member
Jean-Francois Deglon		Jean-Marc Widmer
	Typed or printed name	of signed



Filing Fee: \$25.00