## 117000197915

(Requestor's Name	<del>)</del>
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
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## **COVER LETTER**

		COVER LETTER	
TO: Registration So Division of Con			
TLelyo Me	edia LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Thomas Lelyo		
		Name of Person	
	TLelyo Media LLC		~
		Firm/Company	
	4058 Asbury Place		
		Address	
	Sarasota, FL 34233		
		City/State and Zip Code	
	tom.lelyo@gmail.com		<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Tom Lelyo		941 374-6884 at ()	
Name (	of Person	Area Code Daytimo	· Telephone Number
Enclosed is a check for t	he 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

TLelyo Media LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.17000197915	Company were filed on <u>9/25/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	the abbreviation "FLC"
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or	the abbreviation "E.L.C."
Enter new principal offices address, if applicable:		3 3 0
(Principal office address MUST BE A STREET ADI	DRESS)	* 72
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floric	la
<del></del>	City	Zip 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Thomas Lelyo	4058 Asbury Place	Add
		Sarasota, FL 34233	□ Remove
			☐ Change
Secretary	Natalie Lelyo	4058 Asbury Place	Add
		Sarasota, FL 34233	Remove
			Change
			Remove
	<del></del>		□ Change
			□ □ Add    Control   Cont
			OCHenge
			☐ Remove
			☐ Change
			☐ Remove
			□ Change

	EIN Number to be added to records = 82-2888633
	9. <u>19. 19. 19. 19. 19. 19. 19. 19. 19. 19. </u>
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ffec an c	tive date, if other than the date of filing:(optional)  [Tective 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 605.02
ote	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records.
ocai	neith a chective date on the Department of other a records.
e re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
The	90th day after the record is filed.
	2017-10-02
atec	

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Typed or printed name of signee

Filing Fee: \$25.00