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SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 2 4 2018

COVER LETTER

	TCL Solvi	nons, LLC	
TO: Registration Section Division of Corporations SUBJECT: Tel Solidon, Lec 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: Leo nave Vallere Name of Person Leo Solidon Leo Solid			
The enclosed Articles of A	amendment and fee(s) are subm	nitted for filing.	
Please return all correspor	dence concerning this matter to	o the following:	
	h-6	20 nave Val	lière
		•	<u>C</u>
	1412 M	or sana vo :	
	Jackson	ulle, FL 322	1
	Leo (d -	City/State and Zip Code CLSOL, COM be used for future annual report notifi	cation)
For further information co	ncerning this matter, please cal	N:	
Leonard \	lallière		
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

TCL	Solutions, LLC	
(A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L1900030747</u>	ompany were filed on $02/02/20/8$ and as	signed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
		1.63.0
2	ited Liability Company," the designation "LLC" or the abbreviation "L	L.C. ,
Enter new principal offices address, if applicable:		<u>~≅</u> 8—
(Principal office address MUST BE A STREET ADDR	ESS)	- 호유
	<u></u>	
	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>
		<u>~~~</u>
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	tered office address on our records, <u>enter the name</u> ress here:	of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	<u> </u>
	Cuy 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

Type of Action Title **Address** . □ Add ☐ Kemove Leonard Vallier _□-Add ☐ Remove ☐ Change Michelle Dejens ☐ Remove ☐ Change □ Add □ Remove ☐ Change \square Add □ Remove ____ Change _ 🗆 Add □ Remove ☐ Change

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ffective date, if other to an effective date is listed, the lote: If the date inserted ocument's effective date	than the date of filing the date must be specific at in this block does not	nd cannot be p meet the ap	rior to date of fi	ing or more than 90) days after filing.) P	Pursuant to 605.	.020 ed a:
e record specifies a The 90th day after			not an effe	ctive time, at	12:01 a.m. or	n the earlie	er o
	17th	. 201	8				
natedMAY							
DatedMMY	Signature of	Ma member or a	uthorized repre	MUL sentative of a memi	ber		

Page 3 of 3

Filing Fee: \$25.00