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DIVISION OF CURPURATION

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE		ERVICES LLC		
SUDAR	.CI:		ited Liability Company	<u> </u>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ROBERT J MARTO		
			Name of Person	
		TEORA SERVICES LLC		
			Firm/Company	
		3554 N UNIVERSITY DE	8	
			Address	
		CORAL SPRINGS FL 330	065	
			City/State and Zip Code	
		floridaofe021@aol.com		
Exe fue	than information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notif	leation)
	RT MARTO	oncerning this matter, prease of	754 246-2964	
	Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$25	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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEORA SERVICES LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) .tability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000158249</u> .	were filed on 06/28/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3554 N UNIVERSITY DR	
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS FL 33065	OIVISION
Enter new mailing address, if applicable:	·	LOF CORPA
<u>Mailing address MAY BE A POST OFFICE BOX)</u>		3: A
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
		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>	Address	Type of Action
MGR	ROBERT J MARTO	3554 N. UNIVERSITY DR.	≘ Add
		CORAL SPRINGS FL, 33065	□ Remove
			Change
			□ Add
			☐ Remove
			Change
	 -		Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

		
		
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<u> </u>		3. ŘATION
Effective date, if other than th	e date of filing:	(optional)
f an effective date is listed, the date m	ast be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requi	n 90 days after filing.) Pursuant to 605,0205 irements, this date will not be listed as
document's effective date on the		
e record specifies a delay	ed effective date, but not an effective time,	at 12:01 a.m. on the earlier o
The 90th day after the re	cord is filed.	at 12.01 a.m. on the carrier o
July 10th	2018	
Dated July 10th		
<u> </u>	Signature of a member or authorized representative of a me	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00