

L18000182326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

No New Articles

Wrong form

Office Use Only



700317081787

09/10/16--01029--021 **11.25

09/10/16 11:11:11

Amend

FILED
CLERK OF STATE
OFFICE OF THE CLERK
16 SEP -4 AM 11:12

SEP 07 2016

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TEC HEALTH, 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:

TERRY CULLEN
Name of Person
TEC HEALTH, LLC
Firm/Company
70 Woodside Dr
Address
Lakeland FL 33813
City/State and Zip Code
consulttv@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terry Cullen at (352) 603 3303
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

Previous \$43.75 + \$11.25 (enclosed)
TEC 1026

19 SEP - 4 AM 11:12
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2018

TERRY CULLEN
TEC HEALTH, LLC
70 WOODSIDE DRIVE
LAKELAND, FL 33813

SUBJECT: TEC HEALTH, LLC
Ref. Number: L18000182326

We have received your document for TEC HEALTH, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

attached The form you submitted is for a Corporation, but your entity is a Limited Liability. Please complete and return the enclosed blank form(s).

✓ We do not draw up new articles you will just amend the articles that are on file with our office.

attached 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) 245-6050.

Diane Cushing
Senior Section Administrator

Letter Number: 718A00017375

RECEIVED
18 SEP -11 PM 12:57
SECRETARY OF
TALLAHASSEE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TEC HEALTH, LLC

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

RECEIVED
SEP 11 2018
AM 11:12
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/30/18 and assigned
Florida document number L18000182326.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

Florida

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.

N/A

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:

N/A

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |
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| | | _____ | <input type="checkbox"/> Remove |
| | | _____ | <input type="checkbox"/> Change |

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

Article I Same
II Same
III Same agent, added agent acceptance
IV Same
V Same effective date, added duration
VI (New) Admission of new members
VII (New) Membership units

E. Effective date, if other than the date of filing: N/A (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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. N/A

Dated 8/27, 2018.

Terrence V. Cullen

Signature of a member or authorized representative of a member

TERRENCE V. CULLEN

Typed or printed name of signee