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# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: TEDDYMU665 LLC Name of Limited Liability Company	
Name of Limited Liaotity Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DENI Z SANCHEZ QUINON/ES Name of Person	
Toward	
TEMY MUGGS UC Firm/Company	
4 PALM De	
Address	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Deniz Sanctte Quivoves at (561) 509-4419  Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

### 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

1EDDY MUNGS LLC (Name of the Limite	d Liability Company as i A Florida Limited Liabilit	t now appears on our records. y Company)	i .
The Articles of Organization for this Limited Lia		_	
Florida document number L 18000182549	<del></del> ·		
This amendment is submitted to amend the follo	wing:		55 <b>8</b>
A. If amending name, enter the new name of			SA TIL
Te ddy Muggs UC The new name must be distinguishable and contain the wo	ords "Limited Liability Co	mpany," the designation "LLC"	or the abbreviation L.L.C.
Enter new principal offices address, if applica	.ble:		
(Principal office address MUST BE A STREE)	<u> "ADDRESS)</u>		<u>35 g</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u> </u>		
B. If amending the registered agent and/oregistered agent and/or the new registered off		address on our records,	enter the name of the new
Name of New Registered Agent:	DENIZ SANGHEZ	QUINONES	
New Registered Office Address:	4 PALM DR.	Enter Florida street address	
	<u>LAKENDETH</u>	, Flor	ida <u>33461</u> 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>Address</u> **Type of Action** Title Name DENIZ SANCHEZ QUIÑONES AMBR □ ∧dd ☐ Remove 4 PALM DR LAYEWORTH FL 33461 B'Change MICHAEL J. NAVARRETE 4 PALM DR. LAYENDETH FL 33461 FXdd AMBR. ☐ Remove ☐ Change □ Add 📮 Remove P. Regiove □ Add □ Remove □ Change □ Add ☐ Remove

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Filing Fee: \$25.00