4/8000/85331

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT:	iεG, LL(
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
		Name of Person	
	REGISTER	ED AGENTS, The	<u>)C.</u>
		ROCKY RD. STE 15 Address	
	TAMPA, FL	33607	
	info ethese E-mail address: (1	City/State and Zip Code Sent log next guide o be used for future annual report notifications and the control of the contr	L. Komation)
For further information cor	ncerning this matter, please ca	ill:	
A SHLEY Name of I	WARD	at (305) 775 - 1 Area Code Daytime T	141
Manie Of t	erson	Alea Code Daytille 1	elephone 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)

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



TSEG, LLC

		"是在主任有行
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) ibility Company)	CORIOA
The Articles of Organization for this Limited Liability Company w Florida document number $\angle 18000185331$	ere filed on August 2, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	1	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11/	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter	the name of the
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

Title	<u>Name</u>	Address	Type of Action
MGR	TSEG HOLDENGS, UC	320 GOLD AVE. SUITE	620 MAdd
		ALBUQUERQUE, NM 871	OZ_Remove
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	ord specifies a c 90th day after t			ot an effective	time, at 12:01	a.m. on the earlier
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00