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то:		ntion Section of Corpo					
~	TEDSAM LLC			ļ		•	
SUBJE	CT:	· .	Name of Limi	ted Liability	Company		
The enc	losed Art	icles of Ar	nendment and fee(s) are subt	nitted for fil	ing.		
Please r	eturn all c	correspond	lence concerning this matter (	to the follow	ring:		
			Lisa Rosenberg				
			TEDSAM LLC	Name	of Person		
			4010 Galt Ocean Drive, 30		Company		
			Fort Lauderdale Florida 33	1	dress		
			lisarosenbergbroker@gmail	.com	and Zip Code		
For furt	her inforr	nation con	E-mail address: (t cerning this matter, please ca		future annual report no	etification)	
Lisa Re	osenberg			. 1	314 2492741		
		Name of I	Person	at (_! A	rea Code Dayti	me Telephone Number	
Enclose	ed is a che	ck for the	following amount:				
□ \$25	i.00 Filing	; Fee	■ \$30.00 Filing Fee & Certificate of Status	Certi	Filing Fee & fied Copy onal copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclos	
		Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314		STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL.	orations Center Circle	

## ARTICLES OF ORGANIZATION OF

TEDSAM LLC

(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compartion document number 1.18000252412	any were filed on and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "L1.C" or the abbreviation "L.1.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	2
Enter new mailing address, if applicable:	2019;
(Mailing address MAY BE A POST OFFICE BOX)	
	င်း
	PI
B. If amending the registered agent and/or registered registered agent and/or the new registered office address leading.	office address on our records, enter the name of the ne
Name of New Registered Agent:	· ·
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Age	
provisions of all statutes relative to the proper and compl	agree to act in this capacity. I further agree to comply with the lefe performance of my duties, and I am familiar with and as provided for in Chapter 605, F.S. Or, if this document is fice address, I hereby confirm that the limited liability
īro	Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

## or removed from our records: MGR = Manager AMBR = Authorized Member **Type of Action** Title Name <u>Address</u> 8600 Delmar Blvd. Wilma Hollander **AMBR** St. Louis Mo. 63124 **■** Add \_□ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add \_□ Remove \_□ Change ☐ Remove \_□ Change \_□ Add ☐ Remove \_□ Change □ Add ☐ Remove

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E. Effect	tive date, if other than the date of filing:	(optional)
Note:	If the date is listed, the date must be specific and cannot be price.  If the date inserted in this block does not meet the applicant's effective date on the Department of State's record	to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) cable statutory filing requirements, this date will not be listed as the
If the re (b) The	cord specifies a delayed effective date, but nee 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of:
Dated	May 17 2010	<u> </u>
	- Lini	
	Signature of 1 member of aut	orized representative of a member
	LISA Fosuberc Typed or prip	d name of signee

Page 3 of 3

Filing Fee: \$25.00