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(City)	
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C. GOLDEN

APR 1 3 2019

COVER LETTER

TO: Registration S Division of Co			
Teleeme.	 LLÇ		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kimone Hall, ACP		
		Name of Person	
	Ged Lawyers, LLP		
		Firm/Company	
	7171 N. Federal Highway		
		Address	
	Boca Raton, FL. 33487		
		City/State and Zip Code	
	khall@gedlawyers.com		
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Kimone Hall		561 910-8260	
Name	of Person	at () Area Code Daytin	ne 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)
MAU	LING ADDRESS:	STREET/COUR	IER ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corpo	
P.O.∫I	Box 6327	Clifton Building	
Tallål 	nassee, FL 32314	2661 Executive C Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2019 APR -4 AM 9: 02

TeleEMC, LLC			
(Name of the Limit	ted Liability Compa (A Florida Limited I	ny a <u>s it now appears on our r</u> Liability Company)	ecords.)L. L. SEE, FL
The Articles of Organization for this Limited L. Florida document number 1.19000085343	iability Company	were filed on $\frac{03/27/2019}{}$	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
N/A			
The new name must be distinguishable and contain the w	vords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	n/A	
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:		n/A	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
3. If amending the registered agent and/or the new registered of	ffice address here		cords, enter the name of the ne
Name of New Registered Agent:	n/A		
New Registered Office Address:			
		Enter Florida street a	iddress
		City	, Florida
New Registered Agent's Signature, if changing I	Pagistared Agent:	·	z.φ coae
hereby accept the appointment as registere provisions of all statutes relative to the propagations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	d agent and agre er and complete j stered agent as p registered office	re to act in this capacity. performance of my dutie rovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is
	15.63	N	A Lucy 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 **Type of Action** <u>Address</u> **Title** <u>Name</u> Jeff Applebaum 7171 N. Federal Highway MGR □ Add Boca Raton, FL. 33487 Remove _□ Change □ Add _□ Remove _ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove ☐ Change _ Add ☐ Remove ☐ Change

REMOVE JE	FF APPLEBAUM FROM THE ARTICLES OF INCOPORATION.
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	1
ective date, if one offective date is li	other than the date of filing: (optional) sted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0
	serted in this block does not meet the applicable statutory filing requirements, this date will not be listed to date on the Department of State's records.
	les a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied after the record is filed.
ted	13. 11. 2019.
!	/Signature of a member or authorized representative of a member
	(C_{ij})
	MARIUS 3. GES Typed or printed name of signee
	Typed or printed name of signer

Filing Fee: \$25.00