L19000085343

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COVER LETTER

	istration Se ision of Cor			
	Teleeme, L	LC	,	,
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	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		- 7.5
For further in	oformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report no	tification)
		oncerning this matter, picase c		
Kimone Hall			561 910-8260 at ()	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	iling 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)
	ling Addres gistration S		Street Address: Registration S	ection
_		orporations	Division of Co	
P.O	. Box 632	7	The Centre of	Tallahassee
Tall	lahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Teleemc, LLC			
(Name of the Lim	ited Liability Co (A Florida Limi	mpany as it now appears on our recorted Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited I		any were filed on 03/27/2019	and assigned
orida document number L19000085343			
nis amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited	liability company here:	
/A			
ne new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLO	C" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	202
Principal office address MUST BE A STRE	<u>ET ADDRESS</u>	Ω	
			i i i
nter new mailing address, if applicable:		N/A	≣ □
Mailing address MAY BE A POST OFFICE BOX)		.	
	, <u>, , , , , , , , , , , , , , , , , , </u>		
If amending the registered agent and/or tent and/or the new registered office addre	registered offi	ce address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:	N/A	····	
New Registered Office Address:	N/A		
		Enter Florida street addre	SS
		. FI	lorida
		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.

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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jeff Applebaum	7171 N. Federal Highway	≡ Add
		Boca Raton, FL 33487	□Remove
			Change
			□Add
			□Remove
			□Add
			ZOZ □ Remove AH □ □ □ Change
			: ∰ □ Add
			□Remove
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			Change
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			□ Change

N/A	
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	.; <u>r</u>
	<u>.5.</u> (
tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior. If the date inserted in this block does not meet the applic	r to date of filing or more than 90 days after filing.) Pursuant to 6 cable statutory filing requirements, this date will not be I
ment's effective date on the Department of State's records	
ord specifies a delayed effective date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day at
îled.	
January 4 2021	
1 2021	<u> </u>
l Sil	
<i>y y</i>	porized representative of a member

Typed or printed name of signee