

8/28/24, 10:53 AM

Division of Corporations

# L19000100580

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPAT CONSULTING CORP.  
Account Number : I28190000096  
Phone : (407)745-1112  
Fax Number : (407)641-8083

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ACC@EXPATCONSULTING.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

TL 10 INVESTMENTS LLC

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TALLAHASSEE, FLORIDA

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2024 AUG 28 AM 11:05

DEPT. OF STATE  
DIVISION OF CORPORATIONS

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Corporate Filing Menu

Help

K. SALY

AUG 29 2024

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: TL 10 INVESTMENTS LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

SILVIA FREGNI

\_\_\_\_\_  
Name of Person

EXPAT CONSULTING CORP

\_\_\_\_\_  
Firm/Company

8615 COMMODITY CIR, STE 11

\_\_\_\_\_  
Address

ORLANDO - FL - 32819

\_\_\_\_\_  
City/State and Zip Code

ACC@EXPATCONSULTING.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SILVIA FREGNI

407 745.1112

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime 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)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TL 10 INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2024 AUG 28 AM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/11/2019 and assigned  
Florida document number L19000100580.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

103 ROGUE RETREAT, # 22-103

(Principal office address **MUST BE A STREET ADDRESS**)

DAVENPORT - FL - 33897

Enter new mailing address, if applicable:

8615 COMMODITY CIR, STE 11

(Mailing address **MAY BE A POST OFFICE BOX**)

ORLANDO - FL - 32819

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

EXPAT CONSULTING CORP

New Registered Office Address:

8615 COMMODITY CIR, STE 11

Enter Florida street address

ORLANDO

Florida 32819

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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FALL HAVEN, WV

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/12/2019

X

Signature of a

Signature of a member or authorized representative of a member

Typed or printed name of signer