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COVER LETTER

SUBJECT: Telos Technik LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott P. Boltz
, and the second
Telos Technik LLC
3945 Talah Dr.
Address
Palm Harbor FL 34684 City/State and Zip Code
Junbolt 2 @ icloud. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
S. 11 0-11-2
Scott Boltz at (727) 366 - 4785 Name of Person Area Code Daytime Telephone Number
Tuest code Saystine Petephone Pariset
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations

TO:

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 OF

Telos Technik (Name of the Limited Liability C (A Florida Lin	LLC Company as it now appears on ou mited Liability Company)	ır reçords.)	-
The Articles of Organization for this Limited Liability Com Florida document number <u>L 19000 105468</u> .		•	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	on "LLC" or the abbreviation	"L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		= 11
Enter new mailing address, if applicable:		(A) (A) (A)	
(Mailing address MAY BE A POST OFFICE BOX)		- C ()	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, enter the nam	e of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florada stre	et address	
		Florida	
	City	Zip Coa	le

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> Name | Address Type of Action MGR Scott P. B. Itz 3945 Talah Dr. Palm Harbor FL 34684 ☐ Remove Change ☐ Remove ☐ Change ☐ Remove Change JUL 4 8 Remove □ Add ☐ Remove ☐ Change _□ Add □ Remove

□ Change

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in effective date is listed ote: If the date inser	er than the date of it d, the date must be specified in this block does late on the Department	ic and cannot be pri not meet the appi	or to date of tiling icable statutory:	or more than 90 days a	otional) fler filing.) Pursua this date will not	nt to 605.02 be listed
record specifies The 90th day aft	s a delayed effecti er the record is fi	ve date, but r led.	ot an effectiv	ve time, at 12:0	1 a.m. on the	earlier
ated July	6th	2019	<u>}</u> .			

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Filing Fee: \$25.00