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(Req	uestor's Name)	
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## **COVER LETTER**

	stration Sectionion of Corpor			
SUBJECT:	TEK	S3 LLC Name of Lim	ited Liability Company	
The enclosed	Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return a	ill corresponde	nce concerning this matter	to the following:	
		CHAR	LES CAMPBELL Name of Person	
		To	EKS3 LLC Firm/Company	
		206 11Th	AVE NE Address	
			SBVR6 FL 3379 City/State and Zip Code TPCLLC, Com to be used for future annual repo	
For further inf	ormation conce	erning this matter, please ca		,
<u>CHAR</u>	Name of Per		at ( <u>703</u> ) <u>57</u> Area Code [	7-5564 Daytime Telephone Number
Enclosed is a	check for the fo	Howing amount:		
□ \$25.00 Fil	ing Fee C	S30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEKS3 LIC	<u> </u>	<del></del>		
(Name of the Limited Liability (A Florida	Limited Liability Company	<u>ears on our record</u> v)	<u>s.</u> )	
The Articles of Organization for this Limited Liability Co		5/09/2	19	_ and assigned
Florida document numberL19000126124				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company	here:		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," th	e designation "LLC	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>			19
			<u> </u>	0CT
				20
Enter new mailing address, if applicable:				Dan Her
Mailing address MAY BE A POST OFFICE BOX)			• ,	<u> </u>
			12. E.F	<u> </u>
3. If amending the registered agent and/or registered agent and/or the new registered office address.	ered office address ess here:	on our records	enter the	name of the
Name of New Registered Agent:				
New Registered Office Address:				
	Enter F	lorida street addres:	s	
<u>-</u>		, Flo	orida	··· =-
	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, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Name Address Type of Action TEMKIN ASSOCIATES LLC 8311 QUARRY MANOR TERRALE \_\_ DAdd BETHESOA MD 20817 Remove Change title from DMGR TO MGR

Change TEMKIN ASSOCIATES LLC DBN PLEIDTEK TO TEMKIN ASSOCIATES LLC

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Page 3 of 3

Filing Fee: \$25.00