## 119000 285650

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

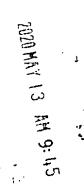




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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor				
	raph Services, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Sandra Tepedino Dunn			
		Name of Person		
	TEP Polygraph Services	s, LLC		
		Firm/Company	<del></del>	
	3616 Harden Blvd #203			
		Address		
	Lakeland, FL 33803			
		City/State and Zip Code		
	teppolygraph@gmail.com			
		to be used for future annual report noti	flication)	
For further information of	oncerning this matter, please co	all:		
Sandra Dunn		863 944-1256 at ( )		
Name o	f Person	Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	he 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 Addres Registration		Street Address: Registration Se	ction	
Registration Section Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 632		The Centre of T		
Tallahassee,	rl 34314	Z415 IN. IVIONIO	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEP Polygraph Services, LLC			
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Lie Florida document number	bifity Company were filed on No.	ovember 18, 2019	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company he	ere:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREE)	ADDRESS)	<u> </u>	020HA
			-3
Enter new mailing address, if applicable:			ا <u>حت ا</u>
(Mailing address MAY BE A POST OFFICE L	<u></u>		9,45
B. If amending the registered agent and/or reagent and/or the new registered office address	<del></del>	ecords, <u>enter the name</u>	of the new register
Name of New Registered Agent:	Sandra Dunn		
New Registered Office Address:	Enter Flor	rida street address	
		, Florida	
	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>	Address	Type of Action
AMGR	Sandra Dunn	3616 Harden Blvd #203, Lakeland, FL 33803	🖹 Add
			□Remove
			□Change
			🗆 Add
			🗆 Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
		Change	
			□Add
			Remove
			Change

(If an el Note:	tive date, if other than the date of filing:
ne reco ord is f	rd 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 iled.
Dated	<u> 5/8/20</u>
	Signature of a member or authorized representative of a member
	Sandra Dunn
	Typed or printed name of signee

Filing Fee: \$25.00