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HARBON OF CORPORATIVONS

14 DEC -5 PH 3: 42

DEC - 5 2014

T. BROWN

COVER LETTER

то:	Registration Se Division of Cor	ection porations	us (s	e _{ee}
SUBJI	ECT:	Tones Hot Sh Name of Lim	ot Freight ited Liability Company	440
The en		Amendment and fee(s) are sub	1	
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person	
			Firm/Company	
			Address	
	•		City/State and Zip Code	
		E-mail address: (to be used for future annual repor	1 notification)
For fur	ther information c	oncerning this matter, please co	all:	
	Name o	f Person	at () Area Code D	aytime Telephone Number
Enclos	ed is a check for the	ne following amount:	, ,	
1		☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

ARTICLES OF		ION	- 75.55
(OF		14 DEC-
(Name of the Limited Liability Comp (A Florida Limited			
The Articles of Organization for this Limited Liability Company	y were filed on	2/20/12	and assigned
lorida document number <u> </u>	, <u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	e <u>re</u> :	
Tones Transfer The new name must be distinguishable and end with the words "Limited Lia	LLC		·
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the	designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	٠. ٠	
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	_
		•	
Enter new mailing address, if applicable:		~	•
Mailing address MAY BE A POST OFFICE BOX)			
			· · · · ·
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:	···		
New Registered Office Address:	_		•
New Registered Office Address.	Enter Flo	rida street address	
		Florid	١,

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
		· · · · · · · · · · · · · · · · · · ·	
	-		☐ Remove
			□ Remove
			□ Add
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			□ Remove
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			Add
			Remove
	•		

amenang any other morni	ation, enter change(s) here: (Atto	ion additional shoots, y necessary,
Effective date, if other than the The effective date must be specific, can the date this document is filed by the F	ne date of filing: nnot be prior to date of receipt or filed date Florida Department of State)	(optional) and cannot be more than 90 days after
Dated 12/5/14	,,	
James	a L Jones 4) , ,
	Signature of a member or authorized ro	presentative of a member
Jam	es LJONCS I	of signee

Page 3 of 3

Filing Fee: \$25.00