

# M01000001845

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000236698 3)))



H140002366983ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

**\*RE-SUBMIT\***

To: Division of Corporations  
Fax Number : (850)617-6388

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850)222-1092  
Fax Number : (850)878-5366

Please retain original filing date of submission 10/8

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

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THOMAS, MILLER & PARTNERS, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03 5
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2014 OCT -8 AM 7:57

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

Date of Submission 10/8

850-617-6381

10/13/2014 9:49:40 AM PAGE 1/001 Fax Server



October 13, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORP

SUBJECT: THOMAS, MILLER & PARTNERS, PLLC  
REF: M01000001845

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neyssa Culligan  
Regulatory Specialist II

FAX Aud. #: H14000236698  
Letter Number: 814A00021825

RECEIVED  
14 OCT 13 PM 2:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

OFFICE OF THE SECRETARY OF STATE  
10/13/2014 11:00 AM  
10/18

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-3 must be completed)**

- 1. Name of limited liability Company as it appears on the records of the Florida Department of State: Thomas, Miller & Partners, PLLC
- 2. Jurisdiction of its organization: Tennessee
- 3. Date authorized to do business in Florida: 08/10/2001

**SECTION II (4-7 complete only the applicable changes)**

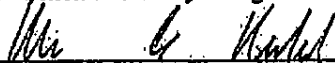
- 4. New name of the limited liability company: TMPartners, PLLC  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

TMPartners-FL, PLLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

- 5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
N/A
- 6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: N/A

- 7. Attached is an original certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Marc S. Rowland

Typed or printed name of signee

**Filing Fee: \$25.00**

FILED  
2014 OCT -8 AM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**STATE OF TENNESSEE**  
**Tre Hargett, Secretary of State**  
**Division of Business Services**  
William R. Snodgrass Tower  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

CFS  
STE B  
992 DAVIDSON DR  
NASHVILLE, TN 37206-1051

**Request Type: Certified Copies**  
**Request #: 141476**

**Issuance Date: 10/08/2014**  
**Copies Requested: 1**

**Document Receipt**

**Receipt #: 1664942** **Filing Fee: \$20.00**  
**Payment-Check/MO - CFS, NASHVILLE, TN** **\$20.00**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that TMPartners, PLLC, Control # 322150 was formed or qualified to do business in the State of Tennessee on 12/16/1998. TMPartners, PLLC has a home jurisdiction of TENNESSEE and is currently in an Active status. The attached documents are true and correct copies and were filed in this office on the date(s) indicated below.



Tre Hargett  
Secretary of State

Processed By: Sheila Keeling

The attached document(s) was/were filed in this office on the date(s) indicated below:

<u>Reference #</u>	<u>Date Filed</u>	<u>Filing Description</u>
B0003-1876	08/15/2014	Articles of Amendment

B0003-1876 09/15/2014 2:42 PM Received by Tennessee Secretary of State Tre Hargrett

<p><b>State of Tennessee</b></p>  <p><b>Department of State</b> Corporate Filings 312 Rosa L. Parks Ave. 6<sup>th</sup> Floor, William R. Snodgrass Tower Nashville, TN 37243</p>	<p>For Office Use Only</p>
<p align="center"><b>ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (LLC)</b></p>	
<p>LIMITED LIABILITY COMPANY CONTROL NUMBER (IF KNOWN) <u>322150</u></p> <p>PURSUANT TO THE PROVISIONS OF §48-209-104 OF THE TENNESSEE LIMITED LIABILITY COMPANY ACT OR §48-249-204 OF THE TENNESSEE REVISED LIMITED LIABILITY COMPANY ACT, THE UNDERSIGNED ADOPTS THE FOLLOWING ARTICLES OF AMENDMENT TO ITS ARTICLES OF ORGANIZATION:</p>	
<p>PLEASE MARK THE BLOCK THAT APPLIES:</p> <p><input checked="" type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE WHEN FILED BY THE SECRETARY OF STATE.</p> <p><input type="checkbox"/> AMENDMENT IS TO BE EFFECTIVE _____ (DATE) _____ (TIME).</p> <p>(NOT TO BE LATER THAN THE 90TH DAY AFTER THE DATE THIS DOCUMENT IS FILED.) IF NEITHER BLOCK IS CHECKED, THE AMENDMENT WILL BE EFFECTIVE AT THE TIME OF FILING.</p>	
<p>1. PLEASE INSERT THE NAME OF THE LIMITED LIABILITY COMPANY AS IT APPEARS ON RECORD: <u>Thomas, Miller &amp; Partners, PLLC</u></p> <p>IF CHANGING THE NAME, INSERT THE NEW NAME ON THE LINE BELOW:</p> <p><u>TMPartners, PLLC</u></p> <p>2. PLEASE INSERT ANY CHANGES THAT APPLY:</p> <p>A. PRINCIPAL ADDRESS: _____ STREET ADDRESS</p> <p>CITY _____ STATE/COUNTY _____ ZIP CODE _____</p> <p>B. REGISTERED AGENT: _____</p> <p>C. REGISTERED ADDRESS: _____ STREET TN _____ CITY _____ STATE _____ ZIP CODE _____ COUNTY _____</p> <p>D. OTHER CHANGES:</p>	
<p>3. THE AMENDMENT WAS DULY ADOPTED ON <u>September</u> <u>12</u> <u>2014</u> MONTH DAY YEAR</p> <p>(If the amendment is filed pursuant to the provision of §48-209-104 of the TN LLC Act, please also complete the following by checking one of the two boxes:) AND THE AMENDMENT WAS DULY ADOPTED BY THE</p> <p><input type="checkbox"/> BOARD OF GOVERNORS WITHOUT MEMBER APPROVAL AS SUCH WAS NOT REQUIRED</p> <p><input checked="" type="checkbox"/> MEMBERS</p>	
<p>_____ SIGNER'S CAPACITY</p>	<p align="center"> SIGNATURE</p> <p align="center"><u>Lawrence R. Hart</u> NAME OF SIGNER (TYPED OR PRINTED)</p>
<p>SS-4247 (REV. 01/08)</p>	<p>Filing Fee: \$20.00 <span style="float: right;">RDA 2458</span></p>