A95000000477

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of Star	tus
Special Instructions to	Filing Officer:	
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JAN 11 2023 D CUSHING

HONIGMAN.

Denese K, Grove Office: 248.566.8542 dgrove@honigman.com

Via U.S. Mail Via Certified Mail (7022 0410 0001 9747 8549) Return Receipt Requested

October 4, 2022

Registration Section Division of Corporations P. O. Box 6327 Tallahassee, Florida 32314

Re: TMF Limited Partnership A95000000477

Dear Sir/Madam:

Enclosed for filing is a Certificate of Amendment to the Certificate of Limited Partnership of TMF Limited Partnership, along with a check in the amount of \$52.50 for payment of the filing fee.

Please return the originally filed Certificate of Amendment to me in the enclosed envelope.

Very truly yours.

HONIGMAN LLP

Denose K. Shore/can

Denese K. Grove Senior Paralegal

Enclosure

c: Rebecca L. Grove, Esq.

COVER LETTER

TO: Registration Division of C				
SUBJECT: TMF Lin	nited Partnership			
No.	une of Florida Limited Pa	rtnership or Limited Liabilit	y Limited Partnership	
The enclosed Certifi	cate of Amendment a	nd fec(s) are submitted	for filing.	
Please return all corn	respondence concerni	ng this matter to:		
Rebecca L. Grove				
	Contact Person			
Honigman LLP				
	Firm/Company	_		
39400 Woodward Aven	ue. Suite 101			
	Address			
Bloomfield Hills, MI 48	3304			2022 OCT 11
	City, State and Zip Code		*	· · · ·
rgrove@honigman.con	1		'-	
E-mail address: (to	be used for future annual	report notification)	-	
For further informat	ion concerning this m	atter, please call:		W 9: 4-1
Rebecca Grove		at (²⁴⁸) ⁵⁶⁶ -	8438	-
Name of Conta	act Person		time Telephone Number	<u>·</u>
		·		
Enclosed is a check	for the following amo	ount:		
\$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	□\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status	
Mailing Address: Registration Section Division of Corpora			Section Corporations	
P.O. Box 6327	1.4		of Tallahassee	2
Tallahassee, FL 323	14	2415 N. Moi Tallahassee,	nroe Street, Suite 810 FL 32303	,

CERTIFICATE OF AMENDMENT TO CERTIFICATE OF LIMITED PARTNERSHIP OF

TMF Limited Partnership		
Insert name currently on file	with Florida Department of State	87
Pursuant to the provisions of section 620.1202, Flo limited liability limited partnership, whose certific March 27, 1995 assigned Flor	ate was filed with the Florida Depida document number . คゃらし	partment of Stateson
adopts the following certificate of amendment to it	ts certificate of limited partnership).
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the linere:	mited partnership or limited liabili	ty limited partnership
New name must be distinguisha	ble and contain an acceptable suffix.	
Acceptable Limited Partnership suffixes: Limited Partnershi Acceptable Limited Liability Limited Partnership suffixes: L		L.P. or LLLP.
B. If amending mailing address and/or princip principal office address here:	al office address, <u>enter new mai</u>	ling address and/or
New Principal Office Address:		
(Must be STREET address)		
New Mailing Address: (May be post office box)		
C. If amending the registered agent and/or registered registered agent and/or the new registered office add	·	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida, Ziuy Zi	ip 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.

<u>lle</u>	<u>Name</u>	Address	Type of Action
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			Remove
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			Remove

The term of the Partnership will dissolve	upon the firs	st to occur of: (1	1) all of the Partners agree in writing to dissolve and
(2) an event which results in a dissolutio	n of the Partn	ership pursuant	nt to the Florida Revised Uniform Limited Partnership
Act or the Limited Partnership Agreemen	nt dated Marc	ch 27, 1995, as	amended.
State.)	re than 90 da es not meet th	ys after the dat he applicable st	te this document is filed by the Florida Department of tatutory filing requirements, this date will not 's records.
Signature(s) of a general partner	r or all gen	ieral <u>partne</u> i	<u>rs*:</u>
	nership" elect	tion statement.	ocument unless the limited partnership is adding or Chapter 620, F.S., requires all general partners to signature statement.)
TMF LL C., a Florida limited liability con	npany		
Firmance J. Manning PERFERENCE J. MANNING, its Manage			
— ^{zep} EKPONCE J. MANNING, its Manage	r		
			·
Signature(s) of all new or dissoc	iating gene	eral partner	(s), if any:
Congression of the contract of			10V xx xxx.
			
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75		