

L64 0000 36398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

 PICK-UP

☐ WAIT

☐ MAIL

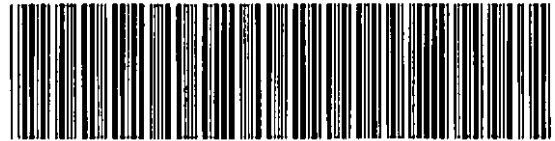
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/23/21--01028--008 **268.75

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COVER LETTER

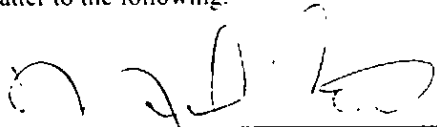
TO: **Registration Section
Division of Corporations**

SUBJECT: TMS COMPANY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Melvin O Carter


Name of Person

TMS COMPANY LLC

Firm/Company

305 Porpoise Point Drive

Address

Saint Augustine, FL 32084

City/State and Zip Code

mcarterameri@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melvin O Carter

904 237-1932
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



RECEIVED

2021 JUL 14 AM 11:48

FLORIDA DEPARTMENT OF STATE,
Division of Corporations

June 14, 2021

MELVIN O CARTER
305 PORPOISE POINT DR
ST AUGUSTINE, FL 32084

SUBJECT: TMS COMPANY LLC
Ref. Number: L04000036398

We have received your document for TMS COMPANY LLC and your check(s) totaling \$268.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The total amount needed to reinstate is \$516.25. Therefore an additional fee of \$247.50 due to file this document. Also, the name of your entity is available, so the amendment document you submitted is not needed.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 221A00013225

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TMS COMPANY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 22, 2021 and assigned
Florida document number L04000036398.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TMS Company, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

305 Porpoise Point Drive

Saint Augustine, FL 32085

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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>	<u>Address</u>	<u>Type of Action</u>
AMBR <i>FR</i>	CARTER, MELVIN O	305 PORPOISE POINT Dr.	<input type="checkbox"/> Add
		ST.AUGUSTINE, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR <i>FR</i>	CARTER, KEVIN A	305 Porpoise Point Dr.	<input type="checkbox"/> Add
		ST.AUGUSTINE, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR <i>FR</i>	DARREN, CARTER	305 Porpoise Point Dr.	<input type="checkbox"/> Add
		ST.JOHNS, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: April 22, 2021 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated April 22, 2021

W. P. S. Sign

Signature of a member or authorized representative of a member

Melvin O Carter

Typed or printed name of signee