L04000041829

(Requestor	s Name)
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PICK-UP V	VAIT MAIL
(Business E	ntity Name)
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JUN -5 2013 N. CAUSSEAUX

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TOTB properties (forwary TJM properties) 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:					
John T. Ma Laughling Name of Person					
Firm/Company					
145 (lubhouse circle					
1 Marie Cop					
Fairhope, Al 36532 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Tahn T. Mc Layhlin at (251) 928 7700 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$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/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 21, 2013

JOHN T. MCLAUGHLIN 145 CLUBHOUSE CIRCLE FAIRSHOPE, AL 36532

SUBJECT: TJM PROPERTIES, LLC

Ref. Number: L04000044829

We have received your document for TJM PROPERTIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file an annual report with our office. Therefore, the document you submitted cannot be filed until the entity is reinstated on our records. The required reinstatement application, which takes the place of the annual report(s) due, must be submitted online at www.sunbiz.org. Simply click on the blue box entitled "File A Reinstatement Here!," which is located in the middle of our home page.

Once the reinstatement is submitted online, our system will allow you to choose one of three payment options. The three payment options are: 1. online by credit card; 2. online by pre-established Sunbiz E-File account; or 3. by mail with a check or money order. To pay online using a credit card, simply select the credit card option and enter your credit card information. Business entities with pre-established Sunbiz E-File accounts may choose the Sunbiz E-File account option. Entities paying by check or money order must select the check payment option, print the required payment voucher, and mail the check payment voucher with a check or money order made payable to the Florida Department of State for the total amount due.

If you choose to pay the required reinstatement fee(s) online using a credit card or Sunbiz E-File account, please contact me when the reinstatement filing has posted. If you choose to pay the required fee(s) by check or money order, please mail the check payment voucher and check or money order to my attention.

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.

FAX NO. : 949 589 7139

FROM : BARBARA AND TOM MCLAUGHLIN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ay as it now appears on our	(records.)
The Articles of Organization for this Limited Liability Company Plorida document number 40400044829.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
TOTA Properties LLC		The last that he are the
TDTB Properties LLC The new name must be distinguishable and end with the words "Limi "LLC."		
Enter new principal offices address, if applicable:	145 Clubhon	se circle
(Principal office address MUST BE A STREET ADDRESS)	145 Clubhon Fairhope, &l	36537
Enter new mailing address, if applicable:	145 (lubhou Fairhope, Al	se circle
(Mailing address MAY BE A POST OFFICE BOX)	Fairhope Al	36537-
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flor	ida street address
		, Florida Zip Code
	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 608, 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

Page 1 of 2

FROM : BARBARA AND TOM MCLAUGHLIN

and the state of the

FAX NO. : 949 589 7139

May. 03 2001 11:02PM P4

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Title	<u>Name</u>		<u>Address</u>		Type of Action
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D. If amen	ding any other info	rmation, enter ch	ange(s) here: (Attach a	additional sheets, if necess	sary.)
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Dated	April	25 . 1	<u>-013</u> .		

Page 2 of 2

Filing Fee: \$25.00