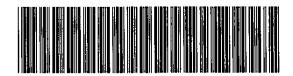
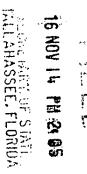


Office Use Only



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COVER LETTER

	egistration Sec vision of Corp							
SUBJECT	TBM Invest	ments LLC						
SUBJECT		Name of Limi	ited Liability Company					
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.					
Please retui	rn all correspor	ndence concerning this matter	to the following:					
		Todd Larson						
			Name of Person					
	Firm/Company 11210 Heron Bay Blvd Apt 1123							
	Address							
		Coral Springs, FL 33076						
			City/State and Zip Code					
		toddL103164@gmail.com	Address Coral Springs, FL 33076 City/State and Zip Code addL103164@gmail.com E-mail address: (to be used for future annual report notification)					
		E-mail address: (to be used for future annual report notifi	cation)				
For further	information co	oncerning this matter, please ca	all:					
Todd Larso)n		561 371-8594					
	Name of	Person	at () Area Code Daytime	Telephone Number				
Enclosed is	a check for th	e following amount:						
\$25.00	Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBM Investments 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 5/27/2005 and assigned Florida document number _____L05000053216 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 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>	Address	Type of Action
MGR	Thomas J Palermo	6921 E Cypresshead Dr	■ Add
		Parkland, FL 33067	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
	<u></u>		□ Add
			□ Remove
			□ Change
		<u> </u>	Add A S D Remove
			S D Thange
			S S C C C C C C C C C C C C C C C C C C
			Remove
			Change
			Add
			_ □ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	35 u r y.7		
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	7	16	
	H	VOV	
Effective date, if other than the date of filing: (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date is listed, the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after the date is listed, the date is listed, the date is listed, the date is listed at the date of filing or more than 90 days after the d	nal)	F	16 gt,
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this	CHARGE WITH THE	DESCRIPTION OF THE PARTY OF THE	0207 (3) d as the
document's effective date on the Department of State's records.	STATE		Man.
the record specifies a delayed effective date, but not an effective time, at 12:01 a) The 90th day after the record is filed.	.m. on th	হন e earlie	er of:
Dated 11/8/16 ,			
Signature of a member or authorized representative of a member	.		
Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00