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| (Ad | ddress) | |
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2011 SEP 28 AM 9: 37

SECRETARY OF STATE
TANASSEFF, FI ORID.

C. LEWIS 9 2011
EXAMINER

COVER LETTER .

| SUBJECT: The Mutual Fund Store - Melbourne, LLC | | | | | |
|---|---|--|--|--|--|
| CI | | | | | |
| losed Articles of A | mendment and fee(s) are sub | omitted for filing. | | | |
| eturn all correspon | dence concerning this matter | to the following: | | | |
| | | Chris Elliott | | | |
| | | Name of Person | | | |
| TMFS Holdings, LLC | | | | | |
| | | Firm/Company | | | |
| 7301 College Blvd. Ste. 220 | | | | | |
| | | Address | | | |
| | Ov | erland Park, KS 66210 | | | |
| | | City/State and Zip Code | | | |
| | jwalker@mutualfundstore.com | | | | |
| | | · | tion) | | |
| her information co | ncerning this matter, please o | eall: | | | |
| Sher | ry Timbrook | at (913) 3° | 19-8114 | | |
| Name of | Person | Area Code & Daytime T | Celephone Number | | |
| d is a check for the | following amount: | | | | |
| 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) | | |
| | Division of Corp CT: closed Articles of A return all correspon Sher Name of | Name of Limiteles of Amendment and fee(s) are subseturn all correspondence concerning this matter 730 Over jwalke E-mail address: (ther information concerning this matter, please of the concerning this matter than the concerning this mat | The Mutual Fund Store - Melbourne, LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. The Elliott Name of Person TMFS Holdings, LLC Firm/Company 7301 College Blvd. Ste. 220 Address Overland Park, KS 66210 City/State and Zip Code jwalker@mutualfundstore.com E-mail address: (to be used for future annual report notifical ther information concerning this matter, please call: Sherry Timbrook Name of Person at (913) Area Code & Daytime 1 d is a check for the following amount: 00 Filing Fee \$30.00 Filing Fee & S55.00 Filing Fee & Certified Copy | | |

MAILING ADDRESS:

TO:

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

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The Mutual Fund Store - Melbourne, LLC SECRETARY OF STATE (Name of the Limited Liability Company as it now appears on our Metalres HASSEE.FLORIDA (A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability | y Company were filed on | 04/07/05 | and assigned |
|---|--------------------------------|---|--------------------------|
| Florida document numberL07000036236 | | | |
| This amendment is submitted to amend the following | : | | |
| A. If amending name, enter the new name of the li | imited liability company her | <u>·e</u> : | |
| The Mutual | Fund Store - Florida, LL | .C | _ |
| The new name must be distinguishable and end with the vull.L.C." | words "Limited Liability Compa | any," the designation " | LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | DRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or regregistered agent and/or the new registered office and Name of New Registered Agent: New Registered Office Address: | ddress here: | our records, <u>enter</u> ter Florida street add | dress |
| | 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

| MGRM = Managing Member | | | | |
|------------------------|--|---|--------------------------|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | AddRemove | |
| | | | Add Remove | |
| D. If amen | ding any other information, enter chan | ge(s) here: (Attach additional sheets, if necessa | nry.) | |
| | | | ZIII SEP | |
| Dated | | 011 | ZE AM 9: 37 ARY OF STATE | |
| | Signature of a member | r or authorized representative of a member Chris Braudis | 7 | |
| | Турес | or printed name of signee | | |

Page 2 of 2

Filing Fee: \$25.00