## 1000056205

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 19, 2018

CHRISTOPHER J MALCH 1005 SUNSHINE LANE #1001 ALTAMONTE SPRINGS, FL 32714

SUBJECT: TASMA, LLC Ref. Number: L08000056205



We have received your document for TASMA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type or print name of signee.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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 calls (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 918A00005454

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RECEIVED

OUR APR 16 PH 12: 5

DEPARTMENT OF STATE

DIVISION OF CORPORTED

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:		SMA LLC ited Liability Company	<del></del>
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		CHRISTOPHER J MALCH Name of Person	
		Trama LLC Firm/Company	
	100	55 SUNDHINE LANE HIOC Address	01
	ALTAY	MONTE STRINGS, FL 32714	
	altamonteka	city/state and zip Code	
For further information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report notifice	ation)
KAREN	A HURNEY CPA	at (407 ) 234-661 Area Code Daytime T	<u> </u>
		Area Code Daytime T	elephone Number
Enclosed is a check for th	•		TI SEO OO Eiling Room
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

	THSMA LLC
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L 0800056205	Company were filed on TUNE 6, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
he new name must be distinguishable and contain the words "Li	imited 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 ADD	PRESS)
_	
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on our records, enter the name of the n dress here:
Name of New Registered Agent:	CHRISTOPHER J MALCH
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	T grant
<del></del>	Florida Zip Code
lew Registered Agent's Signature, if changing Register	
provisions of all statutes relative to the proper and c	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent
CHRISTOPITEL J MALCH, PRESIDENT
Page 1 of 3

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
M6K	JAMES KING	1005 SUNSHINE LANE, HIDO 1	
		ALTAMONTE SPRINGS, FL 32714	Remove
			Change
MGR	JODIE KING	1005 SUNSHINE LANE, \$1001	🗆 Add
		ACTAMONTE SPRINGS, FL 32714	Remove
			Change
MGK	CHRISTOPHER J MAICH	1005 SUNSHINE LANE, #1001	Add
	ALTHUMTE SPRINGS, FL 3271	Remove	
			Change
	·		
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	To the second of
ectr	ve date, if other than the date of filing: JANUARY 1, 2018 (optional) ctive 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.
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
cume	nt's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie
	90th day after the record is filed.
tod.	4/4 2018.
ted	
•	
•	
•	Signature of a mamber or futborind manufacture
•	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00