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# **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT:	Tessamine LLC  Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Martha 4. Coffin Name of Person
	Name of Person
_	Jessannie LLC Firm/Company
_	13 Riverview Drive
	Address
	Strart, Fl. 34996  City/State and Zip Code  MISSY COffin @ Gmail. Com  E-mall address: (to be used for fiture annual report notification)
_	City/State and Zip Code
<del>-</del>	VNISSY COFFIN @ gmail.com
For further information conc	erning this matter, please call:
Maytha C	at (561) 310 9333  Area Code & Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status 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

<u>Jessamine</u>		
( <u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our re- Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	Company were filed on Angust 28	2008 and assigned
Florida document number L 08000082505	<b>,</b>	72
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	22 - \$7 ₹ - #6
LA BOBO	LLC	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	n/A	
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NJA	
B. If amending the registered agent and/or regist registered agent and/or the new registered office add		s, enter the name of the ne
Name of New Registered Agent:	NA	
New Registered Office Address:		
	Enter Florida	street address
		lorida
	Cùy	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

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> Name <u>Address</u> **Type of Action** ☐ Add Remove Remove Add ☐ Remove  $\prod Add$ Remove ∏Add Remove ∏Add ☐Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00