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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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T. HAMPTON

EXAMINITA

JUN - 7 2011

COVER LETTER

TO:

Registration Section

| Divisio | on of Corporations | | | | |
|-------------------------|--|--|---|--|--|
| 、 SUBJECT: | TJR Pr | rocurement, LLC | | | |
| SOBJECT: | | mited Liability Company | | | |
| The enclosed A | rticles of Amendment and fee(s) are s | ubmitted for filing. | | | |
| Please return all | correspondence concerning this matt | er to the following: | | | |
| | • | Timothy B. Johnson | | | |
| | | Thine of Fergor | | | |
| TJR Procurement, LLC | | | | | |
| | | Firm/Company | | | |
| | 2907 West Bay to Bay Boulevard Suite 312 | | | | |
| | | Address | | | |
| | | Tampa, FL 33629 | | | |
| | | City/State and Zip Code | | | |
| | (5,5) E-mail address: | crotj@yahoo.com | | | |
| For further infor | mation concerning this matter, please | *************************************** | notification) | | |
| | Timothy Johnson | at (_813) | 574-2250 | | |
| | Name of Person | | ytime Telephone Number | | |
| Enclosed is a ch | eck for the following amount: | | | | |
| √ \$25.00 Filing | g Fee \$\bigcup\$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclo | Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| et et e meet y | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Registration Se Division of Co Clifton Buildin | rporations g : Center Circle | | |

ARTICLES OF AMENDMENT 产化巴比 ARTICLES OF ORGANIZATIONIVISION OF CORPORATIONS **OF**

11 JUN -6 PH 1:49

| (Name of the Limited Liz (A Flo | R Procurement, LLC ability Company as it now appear orida Limited Liability Company) | s on our records.) | |
|--|--|------------------------------|-------------------------|
| The Articles of Organization for this Limited Liabi Florida document number | | 10/27/2008 | and assigned |
| This amendment is submitted to amend the followi | ng: | | |
| A. If amending name, enter the new name of th | e limited liability company her | <u>e</u> : | |
| The new name must be distinguishable and end with the 'L.L.C." | ne words "Limited Liability Compa | ny," the designation "LL | .C" or the abbreviation |
| Enter new principal offices address, if applicabl | e: | | |
| Principal office address MUST BE A STREET A | | | |
| Enter new mailing address, if applicable: | | | |
| Mailing address MAY BE A POST OFFICE BO | | | |
| | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | our records, <u>enter th</u> | e name of the nev |
| 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 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 **Title** Name Address Type of Action MGRM John J. Crotty III 2907 West Bay to Bay Boulevard ✓ Add Suite 312 Remove Tampa, FL 33629 ☐ Add Remove Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 1 2011 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00