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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

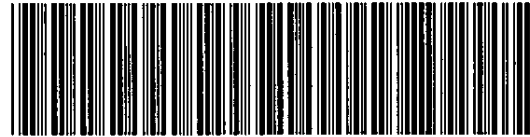
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2014

T CLINL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TJR Procurement, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sefanit Tesfaye

Name of Person

TJR Procurement, LLC

Firm/Company

3049 Cleveland Ave Ste 215

Address

Ft Myers, FL 33901

City/State and Zip Code

accounting@tjrglobal.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sefanit Tesfaye

at (

617 331-6896

) Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TJR Procurement, 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 October 28 and assigned Florida document number 108000101478.

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 end with 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)

TJR Procurement, LLC

3049 Cleveland Ave Ste 215

Ft Myers, FL 33901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

TJR Procurement, LLC

3049 Cleveland Ave Ste 215

Ft Myers, FL 33901

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sefanit Tesfaye

New Registered Office Address:

3049 Cleveland Ave Ste 215

Enter Florida street address

Ft Myers

City

Florida 33901

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Sefanit Tesfaye	3049 Cleveland Ave Ste 215	<input checked="" type="checkbox"/> Add
		Ft Myers, FL 33901	<input type="checkbox"/> Remove
AMBR	Sefanit Tesfaye	3049 Cleveland Ave Ste 215	<input checked="" type="checkbox"/> Add
		Ft Myers, FL 33901	<input type="checkbox"/> Remove
AMBR	TIMOTHY JOHNSON	3320 SAN JUAN ST	<input type="checkbox"/> Add
		TAMPA, FL 33629	<input checked="" type="checkbox"/> Remove
MGR	TIMOTHY JOHNSON	3320 SAN JUAN ST	<input type="checkbox"/> Add
		TAMPA, FL 33629	<input checked="" type="checkbox"/> Remove
RMBR	JAY CROTTY	620 E TWIGGS ST STE 110	<input type="checkbox"/> Add
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Remove
MGR	JAY CROTTY	620 E TWIGGS ST STE 110	<input type="checkbox"/> Add
		TAMPA, FL 33602	<input checked="" type="checkbox"/> Remove

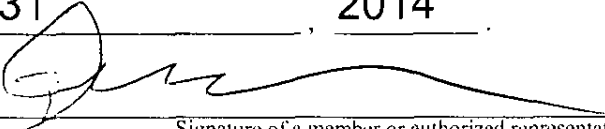
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MAY 31, 2014



Signature of a member or authorized representative of a member
SEFANIT TESFAYE

Typed or printed name of signee

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA