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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

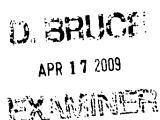
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SECRETARY OF STATE
TALLAHASSEE, FINANCE



## **COVER LETTER**

Division of Corporations
SUBJECT: TCM MANAGEMENT AND MAINTANANCE LCC (Name of Limited Liability Company)
(Cambon Campany)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MIORIKA CRISTED (Name of Person)
TCM Managneut and maintenance LLC (Firm/Company)
8/25 Madyon Jakos Ur. S.
Avre, FL 33328 (City/State and Zip Code)
(City/State and Zip Code)
For further information concerning this matter, please call:
MIORIKA CRESTER #1991,801-9128 FS
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:** 

TO:

Registration Section ...

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

	ENT AND MI	HINTANANCE	
(Name of the Limited Liability (A Florida Li	Company as it now appears or mited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	mpany were filed on $3/$	19/09 and assigned	
Florida document number <u>40 9 0 0 0 0 2 7 1 5</u>	<del>.</del>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here:		
TCM MANAGEMENT	AND MAINT	ENANCE LLC	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company,"	'the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
		ASE 8	
		AR A	
Enter new mailing address, if applicable:	****	ASA Z U	
(Mailing address MAY BE A POST OFFICE BOX)		my s r	
		75 <b>E M</b>	
		ORIGINAL SE	
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on our	records, enter the name of the new	
The second secon	SS HUI C.		
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 = I	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
***************************************			Add Remove
			Add Remove
			Add Remove
			Add Remove
APPENDIAL			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
<u> </u>			SECRETAL SECRETARIAS
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	idu 109		F STATE
Dated	Signature of a member	r or authorized representative of a member	
	MIOL	-	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00