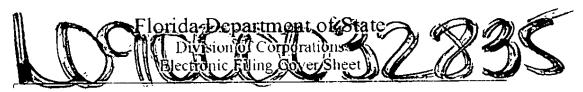
To:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291 : (407)847-7466 : (407)847-6641 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |             |  |
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLPSM, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$25.00 |

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Corporate Filing Menu

HelpOCT 0 2 2019

From: Candy McDonah

Fax: 13214025154

To: Fax: (850) 617-6383 (((H19000292345 3)))

Page: 2 of 4

10/01/2019 12:55 PM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited  | FLPSM, LLC   Tabilliy Company as it now appears on our records.)   Tonda Limited Limit |                        |
|---|--|------------------------|
| The Articles of Organization for this Limited Linl Florida document number _ L09000032835 | • • •  | and assigned           |
| This amendment is submitted to amend the follow   | ving:  |                        |
| A. If amending name, <u>euter the new name of t</u>                                       | the limited liability company here:  |                        |
|   |  | 26                     |
| The new name must be distinguishable and contain the wor                                  | rds "Limited Liability Company," the designation "LLC" or the  | abbreviation T.J.C."   |
| Enter new principal offices address, if applical  | ble:   |                        |
| (Principal office address MUST BE A STREET  | ADDRESS)   |                        |
|   | <u> </u>   | <u> </u>               |
| Enter new mailing address, if applicable:   |  | <u> </u>               |
| (Mailing address MAY BE A POST OFFICE B   | <u></u>  | <u></u>                |
| B. If amending the registered agent and/o registered agent and/or the new registered offi | r registered office address on our records, entice address here:   | or the name of the new |
| 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 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

Page 1 of 3

(((H19000292345 3)))

o: Fax: (850) 617-6383 (((H19000292345 3)))

Page: 3 of 4

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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> | Name                        | Address                       | Type of Action |
|--------------|-----------------------------|-------------------------------|----------------|
| MGR          | Swart Baumruk & Company LLP | 1101 Miranda Lane             | Add            |
|              |                             | Kissimmee, FL 34741           | Remove         |
|              |                             |                               | Chauge         |
| MGR          | Robin Wolf                  | 150 Governor's Square Suite E | <b>⊠</b> Add   |
|              |                             | Peachtree City, GA 30269      | □ Remove       |
|              |                             | 223                           |                |
|              |                             |                               | O Add:         |
|              |                             |                               | □ Remoye       |
|              |                             |                               | Change         |
|              |                             |                               |                |
|              |                             |                               | □ Remove       |
|              |                             |                               | Change         |
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|              |                             |                               | Remove         |
|              |                             |                               | Change         |
|              |                             |                               |                |
|              |                             |                               | C Remove       |
|              |                             |                               | Change         |

| : Candy McDonah             | Fax: 13214025154                               | то:<br>(((H19000292345 3)))  | Fax: (850) 617-6383  | Page: 4 of 4                                   | 10/01/2019 12                         | 2:55       |
|-----------------------------|--|--|--|--|---------------------------------------|------------|
| D. If amendi                | ng any other info                              | ormation, enter change(s) here:  | (Attach additional sheets,   | if necessary.)                                 |                                       |            |
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|                             |  |  |  |  |                                       |            |
| E. Effective (              | date, if other tha                             | n the date of filing:  |  | _ (optional)                                   |                                       |            |
| Note: If th                 | ne date inserted in ti                         | te must be specific and cannot be prior to<br>his block does not meet the applical<br>the Department of State's records. | o date of filing or more than 90 d<br>ble stututory filing requireme | ays after filing.) Pur<br>ints, this date will | suant to 605,020<br>not be listed a   | 0/<br>as 1 |
| If the record<br>(b) The 90 | i specifies a del<br>th day after the          | ayed effective date, but not<br>record is filed.   | an effective time, at 1  | 2:01 a.m. on t                                 | the earlier (                         | of         |
| Dated                       | September 18                                   | , 2019   | <del>-</del> )   |  |                                       |            |
| E C                         | Cak  | John Wolf  | /  |  |                                       |            |
|                             |  | Signature of a member or author  | rzeo represenuntve or a memoc  |  |                                       |            |
|                             |  | Robin Wolf Typed or printer  |  |  |                                       |            |

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Filing Fee: \$25.00 (((H19000292345 3)))