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EXAMINER



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BIVISION OF COMMON AND

COVER LETTER

TO:	Registration Section Division of Corpo					
SUBJI	ECT:	TJ Financia	I Investments, LLC			
	·	Name of Limi	ited Liability Company			
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
			David A. Holmes			
			Name of Person			
	Farr Law Firm					
			Firm/Company			
			99 Nesbit Street			
			Address			
		P	unta Gorda, FL 33950)		
			City/State and Zip Code			
		E-mail address: (to be used for future annual rep	ort notificati	on)	
For fu	ther information con	cerning this matter, please c	eall:			
	Barba	ra Lockhart	at (941)	639-11	58 ext. 106	
	Name of P	erson		Daytime Te	lephone Number	
Enclos	ed is a check for the	following amount:				
₹ \$25	5.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed)	\$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

TJ Finance (Name of the Limited Liability (A Florida	cial Investments, LL y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability C			and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :		
Timothy Farhat	Financial Investments	, LLC		
The new name must be distinguishable and end with the wo 'L.L.C."	rds "Limited Liability Comp	any," the designation "LI	C" or the a	abbreviation
Enter new principal offices address, if applicable:			A	<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)			1322 1221
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			5 AH 6: 35	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, enter th	e name o	of the new
Name of New Registered Agent:				
New Registered Office Address:	Er	nter Florida street addre	ess	
		, Florida		
	City		Zip Code	e

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			_
	 		Add ☐ Remove
			Add
			Remove
			Add Remove
			<u> </u>
			Add
			Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
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			_
	<u>-</u> .		_
			_
			
Dated	July 31, 200	29 . //	
	1	///	
	Signature of a member	r or authorized representative of a member	<u>.</u>
	Tyned	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00