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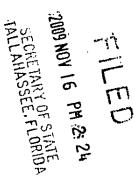
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Special Instructions to	Filing Officer:	
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C. LEWIS NOV 1 7 2009 EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations	•	· · · · ·
A 2	,		
SUBJECT:		Holdings, LLC	·
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		John W. Nichols	
		Name of Person	
		he Nichols Group, PA	
		Firm/Company	
		PO Box 1747	
		Address	
	C	Prange Park, FL 32067	
		City/State and Zip Code	
	E mail addresse	jnichols@tng.cc (to be used for future annual report notif	
		•	ication)
For further information	n concerning this matter, please	call:	
	John Nichols	at (904) Area Code & Daytim	264-1665
Name	e of Person	Area Code & Daytim	e Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$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**

FILED

2009 NOV 16 PM 2: 24

D	TM Holdings II C	7007140	IN DE STATE	
(Name of the Limited Lial	Dility Company as it now app	ears on our records.	SSEE, FLORIDA	
(A Flor	TM Holdings, LLC Dility Company as it now apprida Limited Liability Company	Y) TALL AHA	500-	
The Articles of Organization for this Limited Liabili			and assigned	
Florida document numberL09000108045			_ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Plotida document number	<u></u> .			
This amendment is submitted to amend the following	g:	•		
A. If amending name, enter the new name of the	limited liability company	<u>iere</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Cor	npany," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET AL	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
				
B. If amending the registered agent and/or re registered agent and/or the new registered office:		our records, <u>enter the</u>	name of the ne	
Name of New Registered Agent:				
New Registered Office Address:	 	Enter Florida street addres		
		Elovido		
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Regis	•		.	
				
I hereby accept the appointment as registered ag	ent and agree to act in this	capacity. I further agree	to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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 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 <u>Title</u> Name **Address Type of Action** MGR AMAJ, LLC 91 Branscomb Road #15 ✓ Add Green Cove Springs, FL 32043 Remove ☐ Add Remove ☐ Add Remove Add Remove ∏Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 11 2009 Dated Signature of a member or authorized representative of a member John W. Nichols Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00