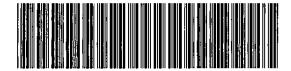
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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations					
SUDJECT.	TMR	GROUP LLC			
Name of Limited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		DEAN FRIDAY			
	Name of Person				
		TMR GROUP LLC Firm/Company			
		2645 REAGAN TRAIL Address			
	LAKE MARY,FL,32746				
	City/State and Zip Code				
	E-mail address: (ROUPLLC@GMAIL.COM to be used for future annual report notific	eation)		
For further information	concerning this matter, please of	eall:			
DEAN FRIDAY		ai (§84-7661		
Name o	of Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)		
Regist	JNG ADDRESS:	STREET/COURIE Registration Section	ı		
P.O. B	on of Corporations fox 6327 assee, FL 32314	Division of Corpora Clifton Building 2661 Executive Cen			

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONS OF CORPORATIONS OF

11 AUG -1 PH 2:59

TMR GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) MARCH, 19,2010 and assigned The Articles of Organization for this Limited Liability Company were filed on ____ L10000030650 Florida document number ____ 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: 2645 REAGAN TRAIL LAKE MARY,FL 32746 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGRM	DAVID CATTAFI	206 GRAHAM RD FERN PARK FL 32730	Add Remove
· · · · · · · · · · · · · · · · · · ·			Add Remove
			Add Remove
<u>.</u>			Add Remove
			AddRemove
· <u></u>			Add Remove
D. If amend	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if neces	sary.)
	·		SECRETARY OF S DIVISION OF CORPO
Dated	7129 , 2	ou	OF STATE ORPORATIONS
	Signature of a men	ober or authorized representative of a member	
	Signature of a files	DEAN FRIDAY	
	Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00