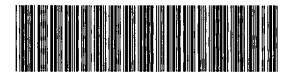
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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 8, 2015

ANTONIO MITCHELL 128 AVENUE U NW WINTER HAVEN, FL 33881

SUBJECT: TMITCH LLC Ref. Number: L10000044064

We have received your document for TMITCH LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 715A00021305

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
SUBJE(	TMITCH LI	LC		
SUBJEA	C1;	Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		ANTONIO MITCHELL		
			Name of Person	
		TMITCH LLC		
		128 AVE U NW		
			Address	
		WINTER HAVEN, FL 33	881	
			City/State and Zip Code	<del></del>
		MATACEINITCHELCO	mitche	11. tony use yaros com
			ob act act in interest and in political inclusion	tion)
For furth	ner information co	ncerning this matter, please co	all:	
ANTON	IIO MITCHELL		256 6656933 at ()	
	Name of	Person	Area Code Daytime To	elephone Number
Enclosed	d is a check for the	e following amount:		
<b>□ \$2</b> 5.	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:

TO:

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

TMITCH LLC		
( <u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our reda Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Florida document number L10000044064	Company were filed on OCTOBER 2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del> _	
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address and/or the new registered office address.	istered office address on our rec dress here:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete performance of my duties agent as provided for in Chapter 6	s, and Lam familiar with and 05, F.S. Or f this <u>do</u> cument is

Page 1 of 3

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If Changing Registered Agent, Signature 6P New Registered Agent

company has been notified in writing of this change.

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>	<u>Name</u>	Address	Type of Action
MGR	TONY MITCHELL	<del>-</del>	Add
			Remove
			□ Change
MM 	OSHA BERDAUX		□ Add
		<del> </del>	Remove
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove
			2015 OCT -8
			F S I D Remove
			Change

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Effective date	e, if other than the di de is listed, the date must b late inserted in this bloc	ate of filing:	HER 2 2015	(O)	rtional)	£0£ 0
	ate inserted in this bloc fective date on the Dep	k does not meet the ap artment of State's rec	oplicable statutory fil ords.	ing requirements,	this date will not t	e listed
Note: If the d document's of						
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