L12000032720

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COVER LETTER

Registration Section Division of Corporations

TO:

TMHT, LI			
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kevin J. Bahr		
		Name of Person	
	Kevin J. Bahr, P.C.		
	 	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6075 Barfield Road, Suite	210	
		Address	
	Atlanta, GA 30328		
		City/State and Zip Code	
	kbahr@bahrlawfirm.com	to be used for future annual report notif	· Antion
		•	ication)
or further information of	concerning this matter, please c	ali:	
evin Bahr		678 469-7555	
Name o	of Person	Area Code Daytime	Telephone Number
closed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMHT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 7, 2012 and assigned Florida document number L12000032720 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ATLANTIC PARTNERS REALTY, LLC "he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) iter new mailing address, if applicable: lailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida Registered Agent's Signature, if changing Registered Agent: by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the sions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and 4 the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

my has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
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		 	□Remove
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fective date, if other than the	date of filing:		(optio	nal)
n effective date is listed, the date mus	st be specific and cannot be pr	rior to date of filing or	more than 90 days after t	iling.) Pursuant to 605.03
<u>te:</u> If the date inserted in this ble rument's effective date on the De			ling requirements, this	date will not be listed
	•			
cord specifies a delayed effective	e date but not an effectiv	e time at 12:01 a.n	n on the earlier of: (b)	The 90th day after the
filed.		e time, at 12.01 a,n	on the carrier or. (b)	The John day after to
fEBRUARY 1	2021			
1/	1001			
// /	// //			
/www	-1/ Coler			
- Cur	Signature of a member or as	uthorized representati	ve of a member	

Filing Fee: \$25.00