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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROTHMAN & TOBIN, P.A.

Account Number: I2000000031 : (305)895-3225 Fax Number : (305)895-71.75

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TMP2904 LLC

Certificate of Status Certified Copy Page Count 01 Estimated Charge \$25.00

G. MCLEOD

JUN 13 2012

**EXAMINER** 

Jun.12.2012 12:44 PM Rothman & Tobin, P.A.

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Division of Corporations

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## **COVER LETTER**

| TO: Registrati<br>Division o | on section<br>f Corporations                  |  |  |  |  |  |
|------------------------------|---|--|--|--|--|--|
| SUBJECT:                     | TMF   | P2904 LLC  |  |  |  |  |
|                              | Name of Limi                                  | ted Liability Company  |  |  |  |  |
| The enclosed Articl          | es of Amendment and fee(s) are sub            | omitted for filing.  |  |  |  |  |
| Picase return all co         | respondence concerning this matter            | to the following:  |  |  |  |  |
|                              | GREGORY JAMES MCCORD                          |  |  |  |  |  |
|                              |   | Name of Person   |  |  |  |  |
|                              |   | TMP2904 LLC  |  |  |  |  |
|                              |   | Firm/Company   |  |  |  |  |
|                              | 1040  | 1040 BISCAYNE BLVD, #3202  |  |  |  |  |
|                              |   | Address  | <del>,</del>   |  |  |  |
|                              |   | MIAMI, FL 33132  |  |  |  |  |
|                              |   | City/State and Zip Code  |  |  |  |  |
|                              |   | OSPORT-YACHTS.CON To be used for future annual report no         |  |  |  |  |
| For further inform           | ation concerning this matter, please          |  | •  |  |  |  |
| DAVID POLINSKY               |   | at ( 786 ) Arca Code & Dayl                                      | 527-0094   |  |  |  |
| 1                            | lame of Person                                | Arca Code & Dayt   | ime Telephone Number   |  |  |  |
| Enclosed is a chec           | k for the following amount:                   |  |  |  |  |  |
| \$25:00 Filing-F             | ce \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | 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



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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| (Na                               | ne of the Limited Liability Company a<br>(A Florida Limited Liabi          | a if now appears<br>lity Company)     | on our records.)        |                                       |                     |
|-----------------------------------|--|---------------------------------------|-------------------------|---------------------------------------|---------------------|
| _                                 | or this Limited Liability Company we<br>L12000062993                       | re filed on                           | MAY 9, 2012             | and assig                             | ned                 |
| Florida document number           | L12000002330   |                                       |                         |                                       |                     |
| This amendment is submitted       | to amend the following:  |                                       |                         |                                       |                     |
| A. If amending name, enter        | the new name of the limited liability                                      | company here                          | <b>¥</b>                |                                       |                     |
| The new name must be distinguing. | ishable and end with the words "Limited                                    | Liability Compan                      | ny," the designation "l | JLG <sup>n</sup> or the ab            | breviation          |
| Enter new principal offices a     | address, if applicable:  |                                       |                         |                                       |                     |
| (Principal office address MU      | ST BE A STREET ADDRESS)  |                                       |                         | <del></del>                           |                     |
|                                   | <b></b>  | · · · · · · · · · · · · · · · · · · · |                         | 20 3 T                                |                     |
|                                   |  |                                       |                         | ₹ S                                   | Military.           |
| Enter new mailing address,        | if applicable:   |                                       |                         |                                       | \$ }                |
| (Mailing address MAY BE A         | POST OFFICE BOX)   |                                       |                         | S                                     | Will live up-       |
|                                   | _  |                                       |                         | <u>"C &gt;&gt;</u>                    | Canada and a second |
|                                   |  |                                       |                         | ST co.                                |                     |
|                                   | ered agent and/or registered office<br>new registered office address here: | : address on o                        |                         | © CO                                  | - 11 CY             |
| Name of New Regis                 | tered Agent:   |                                       |                         | · · · · · · · · · · · · · · · · · · · |                     |
| New Registered Off                | ice Address:   |                                       |                         |                                       | <u></u>             |
|                                   |  | Enter Florida street address          |                         |                                       |                     |
|                                   |  |                                       | , Florida               |                                       |                     |
|                                   | •  | City                                  | •                       | Zip Code                              |                     |
| New Registered Agent's Signs      | ture, 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

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4. . . . .

MGR = Manager

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Managers or Managing Member being added or removed from our records:

MGRM = Managing Member Type of Action Address Title Name JAMES I MCCORD MGRM 70 DOUGLASS STREET Add Remove SAN FRANCISCO, CA 94114 GREGORY J. MCCORD ☑ Add □ Remove MGRM 70 DOUGLASS STREET SAN FRANCISCO, CA 94114 ☐ Add Remove MbA [ Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) JUNE 12 2012 Dated\_ Signature of a member or authorized representative of a member J. MCCORD

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Typed or printed name of signes

Filing Fee: \$25.00