Florida Department of State

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 : I20000000031

Phone

: (305)895-3225

Fax Number

: (305)895-7175

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIG TMP2904 LLC

Certificate of Status	0
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Page Count	01
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B. BOSTICK

JUL - 6 2012

EXAMINER

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COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	TMF	22904 LLC			
***************************************	Name of Limi	ted Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	·	David Polinsky			
		Name of Person			
	-	TMP2904 LLC			
		Firm/Company			
	104	0 Biscayne Blvd., #3202			
		Address			
		Miami, FL 33132		12 1311	ı
		City/State and Zip Code			
	E-mail address: (1	vid@sport-yachts.com to be used for future annual report notific	etion)	ASS ASS	
For further information	concerning this matter, please c	all:	·		***
D	avid Polinsky	. 796	5270094	FLO FLO	•
	of Person	at (786;) Area Code & Daytime		- 22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	osed)

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

3/

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

IMP2904 LLC						
(Name of the Limited Liability Company as it now as (A Florida Limited Liability Compa	ny).	ar re	(COLOTT)			
The Articles of Organization for this Limited Liability Company were filed on	M	4Y 9	2012		and assi	gned
Florida document numberL12000062993	,					
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 Co"L.L.C."	ompany," i	he de	signation	"LLG	or the si	brevisti
Euter new principal offices address, if applicable:				1		
(Principal office address MUST BE A STREET ADDRESS)			_	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
·				<u> </u>	_=_	***
				S	U	Secretary or
Enter new mailing address, if applicable:		_		<u> </u>		-
(Mailing address MAY BE A POST OFFICE BOX)				1,, C		1 2 2
				ن اسر	<u> </u>	Name of Street
				골		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on out n	tcord	ls, <u>ente</u>	r flie	panie o	file n
Name of New Registered Agent:	··································					
New Registered Office Address:						
	Enter Fl	orida	street a	dares	7	
	. Florida					
City				- 7	Ip Code	

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 Non Resistered Agent

Page 1 of 2

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 Type of Action **Title** Address Name MGRM Gregory J. McCord 70 Douglass Street ☐ Add √ Remove San Francisco, CA 94114 David I. Polinsky MGRM 1040 Biscavne Bivd., #3202 √ Yqq Miami FL 33132 Remove ☐ Add ☐ Remove Add Remove □ Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 27 2012 Dated_ Signature of a member or authorized representative of a member Gregory J. McCord

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00