12397900903

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(((H22000201900 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055

Phone : (239)308-9191

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Help

From: Sherrie Ode

(((1122000201900 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TSM CONSULTING & CAPITAL				
(Name of the Limit	ed Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited L. Florida document number L12000120151	iability Company v	vere filed on SEPTE	MBER 20, 2012 and assign	ed
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name of	f the limited liabil	ity company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applic	able:		3-	2022
(Principal office address MUST BE A STREE				<u></u>
			<u></u>	-
				<u> </u>
Enter new mailing address, if applicable:				_ <u>ć</u>
(Mailing address MAY BE A POST OFFICE	BOX)	-		- 12:
B. If amending the registered agent and/or agent and/or the new registered office addresses	<u>ss here</u> :		rds, <u>enter the name of the new r</u>	<u>egistered</u>
Name of New Registered Agent:		AW OFFICE, PLLC		
New Registered Office Address:	5150 TAMIAM	TRAIL NORTH, SU		
	Enter Florida street address			
	NAPLES	City	, Florida ³⁴¹⁰³ Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agro oer and complete istered agent as p registered office	performance of my provided for in Cha	oduties, and Lam familiar with a opter 605, F.S. Or, if this docum	ana ent is
	If Char	iging Registered Agent.	Signature of New Registered Agent	

12397900903

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>T'itle</u>	Name	Address	Type of Action
			bbA⊡
			Remove
			Change
			Remove
			☐ Change
			2022 Refinove U
			□ Refnove UN -9
			□Add 🚟
			> £
			□Change
			□Add
			□Remove
			□Add
			□Change

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Dated APRIL 28 2022 Signature of a member of authorized representative of a member	n amending any other intormat	on, enter change(s) here: (Attachadditional)	ances, y necessary.
Effective date, if other than the date of filing:			
Effective date, if other than the date of filing:			
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Effective date, if other than the date of filing:			
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and causor be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3xh Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The exercises a delayed effective date, but not an effective time, at 12 (i) a million the earlier of (b). The 90th day after the ord is filed. Dated APRIL 28 2022 Signature of a member or authorized representative of a member.			4 - 9 - 9
Effective date, if other than the date of filing: (optional) If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605,0207 (3xb) Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The optional of the optional of the prior to date of filing or more than 90 days after filing. Pursuant to 605,0207 (3xb) Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The optional of the optional of the option of the optional			A A
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Signature of a member of authorized representative of a member	Dated APRIL 28	2022	
		L. M. M.	
TIM MCMAHON		Signature of a member of authorized representative of a	a member
	TIM MCMAHON		

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