L12000132193

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SECRETARY OF STATE
DIVISION OF CONTRACTO

C. LEWIS
FEB 2 6 2013
EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

SHRIFCT.

TM JETT, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RACHEL HALL

Name of Person

ADVOCATE CONSULTING LEGAL GROUP, PLLC

Firm/Company

3073 HORSESHOE DR S STE 210

Address

NAPLES, FL 34104

City/State and Zip Code

RACHELH@ADVOCATETAX.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RACHEL HALL

239 213-0066

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATION DIVISION OF CORPORATION: OF

2013 FEB 25 AM 11: 46

FILED

TM JETT, LLC				•
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now Liability Com	appears on ou pany)	r records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L12000132193</u>	ny were filed o	on 10/17/20	12	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited list	bility compa	ny here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability	Company," the	designation "LL	C" or the abbreviatio
Enter new principal offices address, if applicable:		SAME		·
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office addressere:		ords, <u>enter th</u>	•
New Registered Office Address:		Enter Florida street address		
		, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agen	City t:	· ·		Zip Code
I hereby accept the appointment as registered agent and ag				

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager ords: FILEU SECRETARY OF STATE DIVISION OF COPPORATION or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member 2019 FEB 25 AM 11: 46 <u>Title</u> Name **Address** Type of Action 800 EXECUTIVE DR **MGRM** EASTWOOD & ASSOCIATES, INC. **OVIEDO, FL 32765** Remove Remove Remove Remove Remove Remove

D.	mending any other information, enter change(s) here: (Attach additional sheets, if necessary & CRETARY OF SIDE TARY OF SIDE OF DORIGON)			
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		<u> </u>		
	FERRIARY 40 2042			
Dat	FEBRUARY 19 , 2013			
	Signature of a member of authorized representative of a member			
	THOMAS MOLLICK, PRESIDENT OF TCM WORLDWID Typed or printed name of signee	E, INC.		

Page 3 of 3

Filing Fee: \$25.00