L12000132772

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	e #)
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SECRETARY OF STATE

N. Cumgan AUG 13 20181

COVER LETTER

TO: Registration Section
Division of Corporations

URLECT: TMF Investment Properties

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:

Esther M. Sanders

Name of Person

TMF Investment Properties

Firm/Company

1626 Scott Ct

Address

Gulf Breeze, FL 32563

City/State and Zip Code

ems7232004@yahoo.com

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

For further information concerning this matter, please call:

Esther Sanders

_850 \377**-933**

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 **OF**

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

TMF Investment Properties

(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 10/18/2012	and assigned
Florida document number L12000132772		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		
(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 offi registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	lip Code
Now Degistered Agent's Cianature if the give Degistered to and		

New Registered Agent's Signature, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael A. Emmert	1620 Champagne Ave	Add
		Gulf Breeze, FL 32563	Remove
			Add
			Remove
			Add
			Remove
			_
			Add
			Remove
			_
			Add
		,	Remove
			_
			Add
			Remove

•	
,	
•	
d	08/08/2013
	Eather m Ande
	Signature of a member or authorized representative of a member
	Esther M. Sanders
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00-

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