

L130000020627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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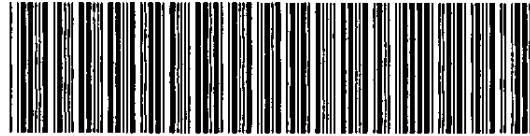
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
AUG 22 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DMR LEASING Solutions 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:

Matthew Cosci
Name of Person

DMR LEASING Solutions LLC
Firm/Company

60 RED Bay Ct
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

raymond.flores@ffgcpa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raymond Flores at (850) 292-9351
Name of Person Area Code & Daytime Telephone Number

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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**

DMR LEASING SOLUTIONS LLC

(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 2/8/13 and assigned
Florida document number L13000020627.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TMR LEASING SOLUTIONS LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

25 W CEDAR ST

PENSACOLA, FL 32502

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7295 CREEKWOOD DR

MOBILE AL 36695

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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

Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
<u>mgrm</u>	<u>DAN ROBERTSON</u>	<u>60 RED Bay Ct</u>	<input type="checkbox"/> Add
		<u>SANTA ROSA BEACH, FL 32459</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>TRACY GOODSON</u>	<u>3553 Don Janeal Rd</u>	<input checked="" type="checkbox"/> Add
		<u>PENSACOLA, FL 32526</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated _____, _____.

Matthew Cosci

Signature of a member or authorized representative of a member

Matthew Cosci

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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