113000/46465

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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DEC - 4 2014 T. CARTER

LLC RAPRO Change

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations	
	13.6
SUBJECT: Nan	ne of Limited Liability Company
	or Emilion Englishing Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Matthew Paulik Name of Person	
Name of Person	
PAM Social Media Firm/Company	
Firm/Company	•
1251 NE 2nd Ave	Ste 110
Address	
Miami R 33 City/State and Zip Code	138
City/State and Zip Code	
mathanas miala as	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter,	, prease can:
la et Da I t	at (205) 602 - 2405
Name of Person	at (
raine of Ferson	Thou code a baytime releptions i tumost
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
Tallahassee, Florida 32301	Tallahassee, Florida 32314
rananassee, Florida 32301	
Enclosed is a check for the following	g amount:
(Already Submitted 35) \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
→ \$25 Fining Fee	- φυυ i ning i ee α certified copy .



November 6, 2014

MATTHEW PAWLIK RAM SOCIAL MEDIA 7251 NE 2ND AVE STE 110 MIAMI, FL 33138 US

SUBJECT: TM2 GROUP, LLC Ref. Number: L13000146465

We have received your document for TM2 GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 914A00023802



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: TM2: Group LLC 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Migmi, FL 33138 Mymi, F 33138
(Note: MUST BE STREET ADDRESS) Migmi FC 33138 Migmi F 33138
1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
10 17 2013 L13 000 14 64 65 3. Date of filing/registration in Florida 4. Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
PART NE BASINE 11. 114 Minni Te 22:38
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
13302 Winding Oak Court A. 73 NOV 25 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS
(b) Alexandra Smith
O DM
7751 NE Bry Shore Ct. 44
NEW Registered Office Address:
Minmi , FL 33138
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles/of organization or the operating agreement of the limited liability company.
the articles of organization of the operating agreement of the minted habitity company.
Signature of a member or authorized representative of a member Printed or typed name of signee
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 acce
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and access the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely teflect a change in the registered office address, I hereby confirm that the limited liability company has been notified by writing of this change.
notified by writing of this change.
Signature of Registered Agent