

L14 0000 28367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

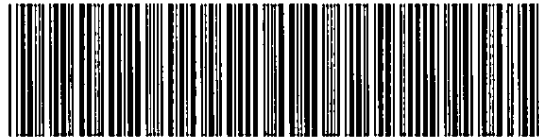
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700342436377

03/23/20--01022--012 **25.00

FILED
2020 MAY -5 PM 2:56

Amend

MAY 11 2020
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TMKD, 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:

Miriam Goldglantz

Name of Person

Firm/Company

220 SW 16th St

Address

Dania Beach, FL 33004

City/State and Zip Code

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

For further information concerning this matter, please call:

Miriam Goldglantz

954 6470021
at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 APR 06 PM 8:00

April 6, 2020

MIRIAM GOLDGLANTZ
220 SW 16TH ST
DANIA BEACH, FL 33004

SUBJECT: TMKD, LLC
Ref. Number: L14000028367

We have received your document for TMKD, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved for failure to file the 2015 annual report/uniform business report and must reinstate before this document can be filed.

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2015 through 2020; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$932.50.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 320A00007368

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TMKD, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 MAY -5 PM 2:56
MILWAUKEE

The Articles of Organization for this Limited Liability Company were filed on 2/18/2014 and assigned
Florida document number L14000028367.

This amendment is submitted to amend the following:

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

COVID Adjusting, LLC

The new name must be distinguishable and contain 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)

220 SW 16th St.

Dania Beach, FL 33004

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

220 SW 16th St.

Dania Beach, FL 33004

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:

Miriam Goldglantz

New Registered Office Address:

220 SW 16th St.

Enter Florida street address

Dania Beach

City

Florida 33004

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 605, 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 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>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Miriam Mattout	220 SW 16th St	<input type="checkbox"/> Add
		Dania Beach, FL 33004	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Miriam Goldglantz	220 SW 16th St.	<input checked="" type="checkbox"/> Add
		Dania Beach, FL 33004	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

EIN Number is 84-5164197

(see attached)

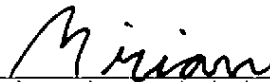
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 18, 2020



Signature of a member or authorized representative of a member

Miriam Goldglantz

Typed or printed name of signee