

L14 000 142475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

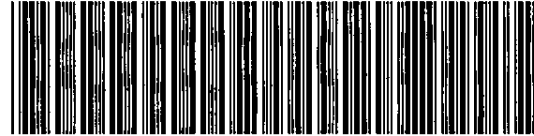
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



500266231945

500266231945
11/24/14--01004--003 **60.00

RECEIVED
SECRETARY OF STATE
FALL APPEALS DIVISION

2014 NOV 24 PM 1:34

DEC - 4 2014

T CLINE

Office Use Only

T & T
Model Management

Wednesday, November 19, 2014

To: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

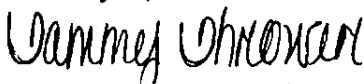
Re: Company Name Change
Doc. Number: L14T00142475

To Whom It May Concern;

I would like to change the name of my company from T & T Models / Talent Agency, LLC to T & T Model Management, LLC. I, Tammy Thrower still remain the CEO of the company. I would like to also like to change the email address to ttmodelmanagement@gmail.com. I have enclosed all paperwork and my check for the filing fee, Certified copy, and Certificate of Status.

Please make the changes and if you have any question, please call.

Thank you,



Tammy Thrower, CEO
T & T Model Management, LLC
336-287-2278
Ttmodelmanagement@gmail.com

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV 24 PM 1:34

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

T+T Models / Talent Agency, 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 9/12/2014 and assigned
Florida document number L14T00142475

This amendment is submitted to amend the following:

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

T + T Model Management, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

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

change email address to: ttmodelmanagement@gmail.com

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Nov. 19, 2014.

Tammy Throner

Signature of a member or authorized representative of a member

Tammy Throner

Typed or printed name of signee

FILED
2014 NOV 24 PM 1:34
CLERK OF STATE
TALLAHASSEE, FLORIDA