

#L 14000143549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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10-3-2014

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2014 OCT -6 PM 3:15  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
OCT 10 2014

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **TMINVCOLLC**

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:

**Marion Whitworth**

Name of Person

**TMINVCOLLC**

Firm/Company

**3502 W Cherokee Ave**

Address

**Tampa, FL 33611**

City/State and Zip Code

**tmawhitworth2@netzero.net**

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

For further information concerning this matter, please call:

**Marion Whitworth**

Name of Person

**813 252 2832**

at (

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

EFFECTIVE DATE  
10-3-2014

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TMINVCOLL

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on September 15, 2014 and assigned  
Florida document number L14000143549.

This amendment is submitted to amend the following:

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

TMINVCO, 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)

TMINVCO, LLC

3502 W Cherokee Ave

Tampa, FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

TMINVCO, LLC

3502 W Cherokee Ave

Tampa, FL 33611

**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:

Thomas E Whitworth Jr

New Registered Office Address:

3502 W Cherokee Ave

*Enter Florida street address*

Tampa

*City*

Florida 33611

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	<del>Thomas Whitworth</del> THOMAS E. WHITWORTH JR.	3502 W Cherokee Ave Tampa, FL 33611	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Alicia Whitworth	3502 W Cherokee Ave Tampa, FL 33611	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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JUDICIAL DISTRICT  
OF FLORIDA  
TAMPA, FL

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

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E. Effective date, if other than the date of filing: October 3, 2014 (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 September 30, 2014.

Marion Whitworth

Signature of a member or authorized representative of a member

Marion Whitworth

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA