

1400053026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

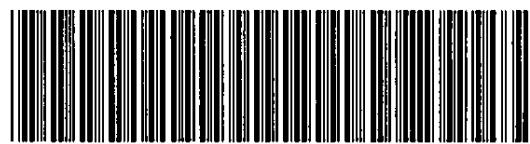
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000265144550

10/14/14--01014--003 **25.00

2014 OCT 14 PM 4:01
RECEIVED
IN THE OFFICE OF THE
ATTALASSEE FLICKER
FILED

OCT 16 2014
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TF1PERCENT 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:

Jason Burnside

Name of Person

TF1PERCENT LLC

Firm/Company

4605 Bay Crest Drive

Address

Tampa, FL 33615

City/State and Zip Code

Jason.Burnside@hotmail.com

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

For further information concerning this matter, please call:

Jason Burnside

Name of Person

at 813 205-7800

Area Code

Daytime Telephone Number

FLORIDA
DEPARTMENT OF
STATE
REGISTRATION
AND
CORPORATIONS
TALLAHASSEE
REGISTRATION
SECTION
DIVISION OF
CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314
REGISTRATION
SECTION
DIVISION OF
CORPORATIONS
CLIFTON
BUILDING
2661 EXECUTIVE
CENTER CIRCLE
TALLAHASSEE, FL 32301
REGISTRATION
SECTION
DIVISION OF
CORPORATIONS
CLIFTON
BUILDING
2661 EXECUTIVE
CENTER CIRCLE
TALLAHASSEE, FL 32301

10/14/2004
10:40 AM
FLORIDA
DEPARTMENT OF
STATE
REGISTRATION
AND
CORPORATIONS
TALLAHASSEE
REGISTRATION
SECTION
DIVISION OF
CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314
REGISTRATION
SECTION
DIVISION OF
CORPORATIONS
CLIFTON
BUILDING
2661 EXECUTIVE
CENTER CIRCLE
TALLAHASSEE, FL 32301
REGISTRATION
SECTION
DIVISION OF
CORPORATIONS
CLIFTON
BUILDING
2661 EXECUTIVE
CENTER CIRCLE
TALLAHASSEE, FL 32301

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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**

TF1PERCENT 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 1 OCTOBER 2014 and assigned Florida document number L14000153026.

This amendment is submitted to amend the following:

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

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

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

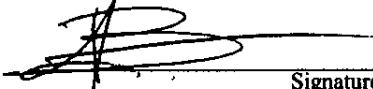
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jason Burnside	4605 Bay Crest Drive Tampa, FL 33615	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 6 OCTOBER, 2014



Signature of a member or authorized representative of a member

Jason Burnside

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF STATE
FLORIDA SECRETARY OF STATE

2014 OCT 14 PM 4:01

FLORIDA
SECRETARY OF STATE

Certificate of Status

I certify from the records of this office that TF1PERCENT LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on October 01, 2014, effective October 01, 2014.

The document number of this company is L14000153026.

I further certify that said company has paid all fees due this office through December 31, 2014, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 141001095502-200264868432#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the First day of October, 2014

2014 OCT 14 PM 4:01
FLORIDA
S. Detzner
S. Detzner
S. Detzner



Ken Detzner
Ken Detzner
Secretary of State