Rom di Préparitment of State Division di Commateria Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : CORP USA

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: (305)634~3694

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Corporate Filing Menu

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COVER LETTER

	Registration Division of (n Section Corporations				
SUBJEC		łi L , LLC				
*********		Name of Li	mited Liubility Company			
The enclo	osed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please ret	turn all corre	spondence concerning this matte	r to the following:			
		Michael Sherman				
			Name of Person			
		Thomas G. Sherman, P.A	. .			
		`	Firm/Company			
		90 Almeria Avenue				
			Address			
		Coral Gables, Florida 331	34			
			City/State and Zip Code			
		mike@uniontitleservices.c	om (to be used for future annual report noti	dontar's		
Yan Garba	t_ r		•	neation)		
		i concerning this matter, please o				
Mike Sho			305 448-5898 at ()		SE 5	
	Nume	e of Person	Area Code Daytim	e Telephone Number	Ω	
		,		<u> </u>		77]
Enclosed i	is a check for	the following amount:		SO:	2	F
₽ \$25,00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate Of Status & Certified Copy (udditional copy is enclosed)		FILED
		LING ADDRESS:	STREET/COURL			

MAILING ADDRESS: 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tomphil, LLC		_
(Name of the Limited Liability Cumpa (A Florida Limited)	any as it now appears on our records.) Liability Company)	_
The Articles of Organization for this Limited Liability Company Florida document number L14000193427	were filed on December 19, 2014 and	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation	n *L.L.C."
Enter new principal offices address, if applicable:	1035 North Miami Avenue, Suite 400-3C	
(Principal office uddress MUST BE A STREET ADDRESS)	Miarui, Florida 33136	
La very production of the second of the seco		
Enter new mailing address, if applicable:	1035 North Miami Avenue, Suite 400-3C	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Florida 33136	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		ne of the new
		ET E
New Registered Office Address:	Enter Flurida street address	SAY OF THE
	City Zip Co	S S D
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar rovided for in Chapter 605, F.S. Or, if this do	mply with the with and ocument is

Page 1 of 3

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 Type of Action Address <u>Title</u> Name. MGR 1035 North Miami Avenue, Suite 400-3C Philippe Boureaux Miami, Florida 33136 _□ Remove __ 🖃 Change _ Add ☐ Remove _ Change _D Add ☐ Remove □ Change _□ Add ထု □ Add ☐ Ramove

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Tective date, if other than the	date of filing:		(optional)	
in effective date is listed, the date mu ote: If the date inserted in this b	at be specific and cannot be prior	to dula of filing or more th	nn 90 days after filing.) Purs	not be listed as the
cument's effective date on the D	repartment of State's records			≥ ∺ 5
record specifies a delaye	d affective date but so	it on affective time	at 12:01 a m. on th	~ 30 ~
The 90th day after the rec	ord is filed.	can chacave ome,	30 12.01 a.m. on a	SAR .
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	Signature of a mainber or duth	prized representative of a n	uember	≆ <u> '</u> α σ
Thou	ies G. Sherman, Authorized l	Representative of Memb	er	

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Filing Fee: \$25.00

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