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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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SECRETARY OF STATE

SECRETARY OF STATE

EFFECTIVE DATE

JUN 12 2015 S. YOUNG

COVER LETTER

TO: Registration Se					
	Y HOLDINGS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	TRAVIS LEE-MOOK				
		Name of Person			
	TL FAMILY HOLDINGS	LLC			
		Firm/Company	<u> </u>	राक स	
	7875 NW 57TH ST 25515			自然を	77
		Address		سن زشاری	
	TAMARAC, FL 33320			hugu Light	FILED
		City/State and Zip Code		PH IF 05	
	TLFAMILYHOLDINGS@			音乐 分	
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report notifi all:	ication)	,	
TRAVIS LEE-MOOK		at (
Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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

(Name of the Limited	Liability Company as it now appears Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Lia	bility Company were filed on AP	RIL 15, 2015 and assigned
lorida document number L15000066268	·	
nis amendment is submitted to amend the follow	ving:	
. If amending name, enter the new name of t	he limited liability company he	<u>re</u> :
I/A		
ne new name must be distinguishable and contain the wo	ds "Limited Liability Company," the de	signation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applical	ble: N/A	三照 访
Principal office address MUST BE A STREET	ADDRESS)	- 第二五
		
	NI/A	
nter new mailing address, if applicable:	N/A	<u> </u>
<u>Mailing address MAY BE A POST OFFICE B</u>	<u> </u>	플큐 유
		
. If amending the registered agent and/or control agent and/or the new registered offi		our records, enter the name of th
Name of New Registered Agent:	N/A	
New Registered Office Address:	N/A	
-	Enter Flori	da street address
	N/A	, Florida N/A
	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

. 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>	Type of Action
VP	DAVID M LEE-MOOK	7875 NW 57TH ST	
		25515	■ Remove
		TAMARAC, FL 33320	
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ote: If the date inserted in this	must be specific and cannot be prior to date	(optional) e of filing or more than 90 days after filing.) Itatutory filing requirements, this date w	Pursuant to 605.0
record specifies a delay The 90th day after the r		effective time, at 12:01 a.m. or	n the earlier
JUNE 8	2015		
ted			
led			
	Signature of a member or authorized to	representative of a member	

Page 3 of 3

Filing Fee: \$25.00