

L15000100392

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

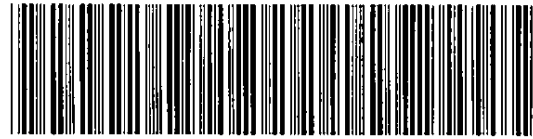
(Business Entity Name)

(Document Number)

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DIVISION OF REVENUE

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S. WARREN
JUL 14 2017

S. WARREN

JUL 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TJ Prime Limited Liability Company
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:

Tommy A Johnson sr
Name of Person

TJ Prime Limited Liability Company
Firm/Company

3907 Hwy 97
Address

MOLINO FL - 32577
City/State and Zip Code

Custom engine chillers@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tommy A Johnson sr SR at (850) 529-6426
Name of Person 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

T J Prime 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 June 18-2015 and assigned Florida document number L15000106392.

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 contain 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)

3907 HWY 97
MOLINO FL 32577

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3907 HWY 97
MOLINO FL 32577

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:

Tommy A Johnson Sr.

New Registered Office Address:

3907 Hwy 97
Enter Florida street address

MOLINO Florida 32577
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.

Tommy A Johnson Sr.
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

Title	Name	Address	Type of Action
MANAGER + OWNER,	Tommy A Johnson SR	3907 Hwy 97 MOKINGO FL 32577	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MANAGER	Richard Awtrey	7516 Blue Bonnet Baton Rouge La. 70810	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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 TAMPA COUNTY CLERK
 TAMPA FLORIDA

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

TAKE out mr Richard Awtry as second
MANAGER.

Tommy A Johnson sr. as ONLY manager
is a 75% OWNER AND INVENTOR OF COMPANY
and parts.

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 26 2017

Tommy A Johnson Sr
Signature of a member or authorized representative of a member

Tommy A Johnson sr
Typed or printed name of signer

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TALLAHASSEE
STATE
OFFICE
FLORIDA