# L15000133637

(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



600276342646

08/26/15--01008--026 \*\*25.08

2015 OCT 19 AM IO: 49

N. Culligan (107 1 9 2015

## COVER LETTER

TO: Registration Section Division of Corpor			·
SUBJECT: TJR	Trim, LLC Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subn	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	Jill Reddin	Name of Person	<del></del>
	Sandals Co	1Struction Servi	<u>(PS</u>
-	POBOX 355	Address	· <del>···············</del>
	Osteen, Fz.	33764 City/State and Zip Code	
=	Sandals Consti	ruction Damail.	Communication)
For further information conc	erning this matter, please cal	11:	
Till Redd Name of Pe	rson	at (407) 416.14 Area Code Daytime	167 Telephone Number
Enclosed is a check for the f	ollowing 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



August 27, 2015

JILL REDDING SANDALS CONSTRUCTION SERVIES PO BOX 355 OSTEEN, FL 32764

SUBJECT: TJR TRIM, LLC Ref. Number: L15000133637

We have received your document for TJR TRIM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

If you list a Corporation as the Registered Agent is has to have an active registration.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II

Letter Number: 115A00018197

#### ARTICLES OF AMENDMENT TO

### ARTICLES OF ORGANIZATION

OF

FIL.ED

2015 OCT 19 AN 10: 49

SECRETARY OF STATE

13th Irim L	10			att, HLUKIDA	
(Name of the Lin	ited Liability Co (A Florida Lim	mpany as it now appears on ited Liability Company)	our records.)		
The Articles of Organization for this Limited		pany were filed on $\frac{\sqrt{z}}{z}$	5/2015	and assigned	l
Florida document number <u>L 15000 13</u>	55U3+				
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited	liability company here:			
Same					
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the design	nation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if appl	icable:	Same			
(Principal office address MUST BE A STRE	ET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:		Same			
(Mailing address MAY BE A POST OFFIC <mark>I</mark>	E BOX)	<del></del>		- , · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and			r records, enter	r the name of th	e nev
registered agent and/or the new registered	office address	<u>here</u> :			
Name of New Registered Agent:	<u> </u>	Redding Itansom Pk Enter Florida:	-		
New Registered Office Address:	377	Itansom Pk	<i>ω</i> γ		
,	<del>-</del> ·	Enter Florida s	street address		
	Sar	ford	, Florida _	_32713	<del></del>
		City		- 7in 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> **Address** Type of Action Seminole Creek Dr XAdd Trever Redding Oviedo, FL 32765 ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change D Add □ Remove ☐ Change

	_	
	-	
	<b>-</b>	
	_	
	<del>-</del>	
	_	
	-	
	20	
	0CT -19	
	金色	
	<b>-</b>	
	_	
	_	
E. Effective date, if other than the date of filing:	)5.0207 ( sted as t	(3)(b) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear (b) The 90th day after the record is filed.	ier of:	:
Dated 8/24/15		
Signature of a member or authorized representative of a member		
Jill Redding Trevor Redding Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00