L15000140566

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(Address)				
(Address)				
(City/State/Zip/Phone #)				
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SEP 26 20th J. HARRIS To: Florida Department of State 🛰

RE: TF LLC

Removal of George Davis Thomas IV as manager from LLC

From: KellyLee Thomas

1411 Wabash Ave

Northfield

NJ 08225

Phone Number (609) 385-5708

COVER LETTER

	Registration Security Division of Corp			
CUBICA	TF LLC			
SORTE	CT:	Name of Lim	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		GEORGE DAVIS THOM	AS IV	
			Name of Person	
		TF LLC		
			Firm/Company	
			Address	
		7141 GULF BLVD ST.PE	ETE BEACH FLA 33706	
			City/State and Zip Code	
		Puta 429 E-mail address: (City/State and Zip Code Con to be used for future annual report noti	KellyLecThomas) fication)
For furth	er information co	oncerning this matter, please c		
KELLY	LEE THOMAS		609 385-5708 at () Area Code Daytim	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	e 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)
	Registra	ING ADDRESS: ation Section n of Corporations	STREET/COURI Registration Section Division of Corpor	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TF LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited	nny as it now appears of Liability Company)	n our records.)		
The Articles of Organization for this Limited Li Florida document number L15000140566	ability Company	were filed on AUG	UST 17 2015	and assigne	ed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of					
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the desig	gnation "LLC" or the abb	reviation "L.L.C.	
Enter new principal offices address, if applications	able:	Ala		ਰੀ ਹ	;; {;* ··
(Principal office address MUST BE A STREE		NIA		[]	<u> </u>
		4/4		23	
		•		P	
Enter new mailing address, if applicable:		4 4		<u> မှု</u>	17122 1717
(Mailing address MAY BE A POST OFFICE .	BOX)	NA		<u> </u>	
		4/4			
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:			ur records, <u>enter</u>	the name of t	the new
New Registered Office Address:	alu,				
		Enter Florida	street address		
	4/9		, Florida <u>^</u>	Alc	
		City		Zip Code	
New Registered Agent's Signature, if changing F	Registered Agent:	•			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the processing of this company has been notified in writing of this	er and complete stered agent as _l registered office	performance of my provided for in Cha	duties, and I am foupter 605, F.S. Or,	amiliar with an if this documen	ıd
	. •	n/a			

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
MGR	GEORGE DAVIS THOMAS IV	7141 GULF BLVD	□ Add
		ST PETE BEACH FL 33706	■ Remove
			□ Change
	<u> </u>		Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
			Changer 23
			
			□ Remerc
			□ Change
			☐ Remove
			El Olivi

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(If an effe Note:	ve date, if other than the date of filing:	(.0207 (3)(b) ed as the
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlie 90th day after the record is filed.	er of:
Dated_	Sept-213th, 2016. Kelyler Comon	
	Kelyle (Roman)	
	Signature of a member or authorized representative of a member	38 9
	Signature of a member or authorized representative of a member Kelly Lee Thomas Typed or printed name of signee	ିଜ ଅଧ୍ୟ ୮୬ ପୂର୍ବ
	Typed or printed name of signee	ယ /ုန္သ ကြာ နာကြ
	Page 3 of 3	

Filing Fee: \$25.00