# <u> L15000188198</u>

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## **COVER LETTER**

Division of Corporations ·
SUBJECT: JHE TUTAMEN GROUP, LLC  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:
PETER V. GARDNER Name of Person
THE TUTAMEN GROUP LLC Firm/Company
1554 LAKE KNOWLES CIRCLE
WINTER PARK, FL 32789 City/State and Zip Code
City/State and Zip Code  PETER VAN GARDNERCE GMAIL. COM  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PETER GARDNER at (321) 228.7395  Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  Control  Sample Control  Control  Sample Control  Control

## MAILING ADDRESS:

Registration Section

TO:

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 Line) (A Flo	MEN Grany ability Company orida Limited Liab	as it now appears of collity Company)	LCC on our records.)	48871337 A861333 6- NF 9182	
The Articles of Organization for this Limited Liability Florida document number / \( \frac{15000188}{2} \) This amendment is submitted to amend the following name, enter the new name of the	ty Company wo 8 <b>798</b>	ere filed on	1/06/15	9 P 4: 56 Y OF STATE SF. FLORIDA	assigned
This amendment is submitted to amend the following  A. If amending name, enter the new name of the	g: <u>limited liabilit</u>	y company here	<b>:</b> :	, p⇒'' o <u>"</u>	
The new name must be distinguishable and contain the words.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET AL		Company," the desi			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	- 2 -	1554 4 WINTE	ake Know R Dalk,	WES C FL 36	irce
B. If amending the registered agent and/or re registered agent and/or the new registered office a		e address on o	our records, <u>er</u>	iter_the_nar	ne of the new
Name of New Registered Agent:	PETER	V. GAG	RANER		
New Registered Office Address:	554 LA WINTZ	V. GAR KE KNOW Enter Florido C PARK City	UES CIRCO  a street address  Florid	i <del>e,</del> a 327	-89
		City		Zip Ca	ode

### 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.

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TIMOTHY R. VOLKERS	CASSELBERRY   FL 32707	Add
			Remove
			Change
<del></del>	<del> </del>		Add
		<del></del>	Remove
	_		Change
MGK	ROBERT GARDNER	157 E. NEW ENGLAND AUE	Add
		SUITE 370 WINTER PARKIFL 32789	Remove
			☐ Change
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effective da e: If the d	ite is listed, the clate inserted in	date must be speci	fic and cannot be not meet the a	pplicable statutory f		ays after filing.)	
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