## L16000004580

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Amend

MAY 22 TOP I ALBRITTON

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: TEA	ROUM, LLL Name of Limi	ted Liability Company	
		, , ,	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	VINCENT D	Name of Person	
	Tercum,	Firm/Company	<del>-                                    </del>
	3018 Sex	A Bella WAG	<u>/</u>
	Kissimma	EC 1-L 31/7 City/State and Zip Code	144
	Robinsonv.	City/State and Zip Code  ON P G MAI / LON  o be used for future annual report notifi	veation)
For further information of	concerning this matter, please ca	dl:	
VINCENT O	D. Robinson	at ( <u>HD Y</u> ) <u> </u>	-4949
Name o	f Person	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)	☐ \$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

Tercum, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on 01/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lial</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		201
Enter new mailing address, if applicable:	<u></u>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	3 0
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	· ·	enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	emer v ioriaa sireei address	
<del></del>	, Flori	da
	* ** *	7,497 X 1764 L

## 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
AMBR	JAMES, SIMON		
		1101 MIRANDA LN #131 KISSIMMEE, FL 34741	■ Remove
			Change
			□ Remove
			D Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			Add
			□ Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlieb). The 90th day after the record is filed.	er of:
Dated5/6/ <sub>1</sub> . 2019.	
Signature of a member or authorized representative of a member	
Visitant O. Robinson Typed or printed name of signee	

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Filing Fee: \$25.00