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COVER LETTER

Divi	ision of Corp	porations		
SUBJECT:	TML FLOI			
SUBJECT.		Name of Limi	ted Liability Company	-
The enclosed	l Articles of <i>i</i>	Amendment and fee(s) are sub	nitted for filing.	
Please return	all correspon	ndence concerning this matter t	to the following:	
		Timothy W. McGee, Esq.		
			Name of Person	
		Dunn, McGee & Allen, LL	.P	
			Firm/Company	
		446 Main St., Stc. 1900		
			Address	
		Worcester, MA 01608		
			City/State and Zip Code	
		tmcgee@dunnmcgecallen.e		
		E-mail address: ()	to be used for future annual report notific	cation)
For further in	nformation co	oncerning this matter, please ca	all:	
Timothy W.	McGee		508 754-8100 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
□ \$25.00 F	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

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

TML FLORIDA HOLDINGS, 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 March 24, 2016 Florida document number L16000060133 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

____, Florida ____

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	Paula J. Donovan	5765 SW 118th St.	 Add
		Coral Gables, FL 33156	Притан
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Page 3 of 3

Filing Fee: \$25.00