

L16000063810

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M. MILLIGAN  
EXAMINER

SEP -7

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Holiday TFL 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:

Brian Sanon

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

815 Gilmore Ave.

\_\_\_\_\_  
Address

Lakeland Fl. 33801

\_\_\_\_\_  
City/State and Zip Code

infoholidaytfl@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian sanon or Carl Sanon

954 336-6262  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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**

FILED  
2016 SEP -6 AM 8:31  
STATE OF FLORIDA  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

Holiday TFL 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 3/30/2016 and assigned Florida document number L16000063810.

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 "L.L.C."

**Enter new principal offices address, if applicable:**

18331 Pines Blvd. Suite-131

**(Principal office address MUST BE A STREET ADDRESS)**

Pembroke Pines Fl. 33029

**Enter new mailing address, if applicable:**

18331 Pines Blvd. Suite-131

**(Mailing address MAY BE A POST OFFICE BOX)**

Pembroke Pines Fl. 33029

**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:

Brian Sanon

New Registered Office Address:

18331 Pines Blvd. Suite-131

*Enter Florida street address*

Pembroke Pines

Florida 33029

*City*

*Zip 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.*

*[Signature]*  
**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>	<u>Address</u>	<u>Type of Action</u>
President	Brian Sanon	18331 Pines Blvd. #-131 Pembrok	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
President	Carl Sanon	18570 NW 22nd Court Pembroke P	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Carl Sanon	18570 NW 22nd Court Pembroke P	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

To whom it may concern, What I am doing is removing myself as President and adding my son as the President of the company. I will remain as an Authorize member. Mr. Brian will have 100% of hte compay.

If any questions please feel free to contact us at (954) 336-6262 Carl or Brian. Thanks!

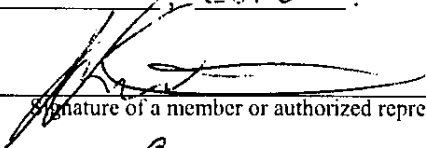
**E. Effective date, if other than the date of filing:** 09/01/16 **(optional)**

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time; at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 8/30 2016



Signature of a member or authorized representative of a member

Brian Sawon

Typed or printed name of signee

2016 SEP -6 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA