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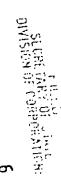
(R	equestor's Name)	
(A	ddress)	
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SECRETARY OF STATES OF UNISION OF CORPORATION

N COOPER JUN 25 2018

COVER LETTER

TO: Registration Sec Division of Corp		•	
T&J Investi SUBJECT:	ment Team, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Marianne Moye		
		Name of Person	
		Firm/Company	
	4075 Scarlet Iris Place		
		Address	
	Winter Park, Florida 32792	2	
		City/State and Zip Code	
	jkp@moopd.com		
	E-mail address: (t	to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ill:	
Marianne Moye		at (
Name of	Person	Area Code Daytime	Telephone Number
Enclosed 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)

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

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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 this is company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agen

Enter Florida street address

Is-amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Patricia A. Moye	1827 Florida Avenue, NW, #401	
		Washington, DC 20009	□ Remove
		<u></u>	Change
MGR Marianne Moye	Marianne Moye	4075 Scarlet Iris Place	
		Winter Park, Florida 32792	≡ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			□ Remove
		Change	☐ Change
			Add
		☐ Remove	
			□ Change
			Remove
			Change

		
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Effective date, if other than the fan effective date is listed, the date m	e date of filing:ust be specific and cannot be prior to date of filing or me	(optional) ore than 90 days after filing.) Pursuant to 605.02
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing	g requirements, this date will not be listed:
document's effective date on the	Department of State's records.	
ne record specifies a delaw	ed effective date, but not an effective t	ime at 12:01 a.m. on the earlier
The 90th day after the re		and, at 12.01 a.m. on the carrier
June 20 Dated	2018	Ð
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\mathcal{M}	Jarvanne Mous	AN TOP
	Signature of a member or authorized representative	of a member
		4,75;
Marianne Moye		

Page 3 of 3

Filing Fee: \$25.00