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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Sec Division of Corp | | | |
|--|--|---|---|
| TSC MILLS SUBJECT: | | | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of A | Amendment and fee(s) are subi | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Arman Marukyan | · | |
| | | Name of Person | Daytime Telephone Number \$ \$60.00 Filing Fee, Certificate of Status & Certified Copy |
| | TSC MILLS LLC | | |
| | | Firm/Company | |
| | 4024 Lake Bosse View Dri | ve | |
| | | Address | |
| | Orlando, FL, 32810 | | |
| | | City/State and Zip Code | |
| | tscmills57@gmail.com | to be used for future annual report notifi | |
| For further information co | oncerning this matter, please ca | - | cation) |
| Arman Marukyan | | 732 986-4377 | |
| Name of | Person | at () | 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) | Certificate of Status & |

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

| TSC MILLS LLC | | |
|---|--|----------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | i <mark>ny as it now appears on our rec</mark> Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000215797}{L16000215797}$. | were filed on 10/28/2016 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 25 2 |
| | | 77 77 |
| | | SSR & |
| Enter new mailing address, if applicable: | | 17 D |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | ORDE 47 |
| B. If amending the registered agent and/or registered o | ffice address on our reco | rds anter the name of the no |
| nce registered agent and/or the new registered office address her | | rus, enter the name of the ne |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street ada | lress |
| | | Florida |
| | 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|----------------------------|-----------------------------|
| MGR | Arman Marukyan | 4024 Lake Bosse View Drive | Add |
| | | Orlando, FL, 32810 | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
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