

L 16000225472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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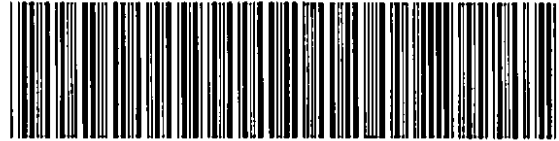
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 21 2017

July 10, 2017

Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

RE: TSF FLA, LLC

To Whom It May Concern:

Enclosed with this letter please find the following:

1. Articles of Amendment to Articles of Organization and 1 copy; and
2. A check for \$25.00 for the Filing Fee; and
3. A pre-addressed envelope.

Please file and return the certificate to me in the enclosed envelope. If you have any questions or concerns regarding this filing please call me at 800-706-4741.

Sincerely yours,

Amanda Phillips
Organizer

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TSF FLA, 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 December 13, 2016 and assigned
Florida document number L16000225472.

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

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

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JANIDA

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>
MGR	Maria Mendoza	3225 McLeod Drive, Suite 100	<input type="checkbox"/> Add
		Las Vegas, Nevada 89121 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Shezad Hasnany	3225 McLeod Drive, Suite 100	<input type="checkbox"/> Add
		Las Vegas, Nevada 89121 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra Roy	3225 McLeod Drive, Suite 100	<input type="checkbox"/> Add
		Las Vegas, Nevada 89121 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Smart Property Solutions, Inc.	98 Tangle Briar Way	<input type="checkbox"/> Add
		North York, ON, M2J2M4 CA	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Triple Heart Properties, Inc.	3225 McLeod Drive, Suite 100	<input type="checkbox"/> Add
		Las Vegas, Nevada 89121 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
	Triple Heart Properties, Inc.	3225 McLeod Drive, Suite 100	<input type="checkbox"/> Add
		Las Vegas, Nevada 89121 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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[illegible]

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.

Dated July 10, 2017

Amanda Phillips - Authorized Representative

Typed or printed name of signee

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