

L17 000004260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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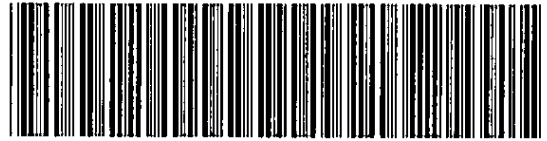
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T.F.M. Technologies limited liability Corp
Name of Limited Liability Company
(LLC)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES F. FARO
Name of Person

TFM Technologies limited liability Company
Firm/Company

261 Zachary Wade Street
Address

Winter Garden, FL 34787
City/State and Zip Code

charlesfaro2@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles Faro at (407) 873-9818
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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

T.F.M. Technologies 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 _____ and assigned

Florida document number ~~17~~ 217000004260

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:

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

Same
261 Zachary Wade St.
Winter Garden FL 34787

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:

CHARLES F. FARO

New Registered Office Address:

261 Zachary Wade Street
Enter Florida street address

Winter Garden, Florida 34787
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.

Charles F. Faro

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Type of Action

☐ Change☐ Change☐ Remove

THE UNIVERSITY OF CHICAGO

2021 APR 28 AM 1:25

over
ge

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

Kindly note
one person is Removed
And
Two people are Added
many Thanks
Charles F. Faro

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2021 APR 28 AM 11:26
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (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 _____

Charles F. Faro
Signature of a member or authorized representative of a member

CHARLES F. FARO
Typed or printed name of signer