L17000038405

(Red	questor's Name)	
- (Ada	dress)	
- (Add	dress)	,
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



700296249327

03/15/17--01004--003 **25.00

MAR 1 6 2017 S. YOUNG

17 MAR 15 PM 1: 12

COVER LETTER

TO: Registration Se Division of Con				
SUBJECT:	T + T Can	hinets and I	More	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filing.		
Please return all correspo	ondence concerning this matter t	to the following:		
	Teresa	A. Hobbs Name of Person		
	T+T Ca	binets and More	<u></u>	
	1350 Mulb	erry Landing	Road	THE THE
	, ,	City/State and Zip Code hs 2000 P yahaa o be used for future annual/report notifi		MAR 15 PM 1:
For further information c	concerning this matter, please ca	- ,	,	1:12
Teddy Name o	Habbs of Person	at (<u>904</u>) <u>673</u> Area Code Daytime	- 2183 Telephone Number	
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is er	tus &

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

The Articles of Organization for this Limited Liability Company were filed on ___ Florida document number LIDOO 38405 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) 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

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

MGR = M $AMBR = A$	Manager Authorized Member ' '		
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Teresa Hobbs	1350 Mulberry Landing H Hilliard, FL. 32046	BOL WARD
			□ Remove
			☐ Change
			□ Remove
		·	Change
			TO AUG
· · · · ·			LATE CAT AS
			Remove
			Change
			72. 范围
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Remove

_

Change

				
	1 4			
 				
				
				
·				
				
- · · · · · · · · · · · · · · · · · · ·				
				THAR
****				20
				===
				2
Note: If the date in	ther than the date of filing: nted, the date must be specific and ca terted in this block does not mee to date on the Department of Stat	t the applicable statutory filir	optional) nore than 90 days after filing.) Pursua ng requirements, this date will no	ant to 605.02
	es a delayed effective dat fter the record is filed.	e, but not an effective	time, at 12:01 a.m. on the	e earlier
Dated Mur	en 9,	2017. Holds There or authorized representative		
	- 100000	Hoph		

Page 3 of 3

Filing Fee: \$25.00