11700020631

(Re	questor's Name)		
(Ad	dress)		
(Ád	dress)		
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



900307058359

01/02/19--01017--024 **25.00

FILING CANCELLED RETURNED CHECK

18 JAN -2 AM 8: 38

FILES SECRETARY OF STATE BIVISION OF CORPORATIONS

B FIGUEROA

JAN 05 2018

COVER LETTER

TO:

Registration Section Division of Corporations

FILING CANCELLED RETURNED CHECK

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TAMI PRECOPIO		
		Name of Person	
		Firm/Company	
	1616 W Cape Coral Pkwy	STE 102 #174	
		Address	
	Cape Coral FL 33914		
	tkoinvestmentgroup@gmail	City/State and Zip Code	
	*	to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	ali:	
Tami Precopio		917 8869838 at ()	
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 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

FILING CANCELLED RETURNED CHECK

TKO INVESTMENT GROUP		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number 1.17000120431		
Florida document number	 ·	
This amendment is submitted to amend the following:	:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:	
TKO GROUP LL C		
The new name must be distinguishable and contain the words "L	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 AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE <u>BO</u> X)		
Multing dadress MAT BE ATOST OFFICE BOX)		
		- 9
B. If amending the registered agent and/or re	gistered office address on our records, ente	r the name of the ne
registered agent and/or the new registered office a	ddress here:	JAN
		925
Name of New Registered Agent:		2 675
Name of New Registered Agent.		A PO
New Registered Office Address:		
	Enter Florida street address	: 3
		36 36
	, Florida _	Zip Code
	$\cup uv$	z.φ coαe

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 or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

Title Name		Address	Type of Action		
Mgr	Done and Done Property Solutions	9507 Wahada Avenue	□ Add		
		San Antonio Tx 78217	Remove		
			☐ Change		
AR	Karin Nickerson	10 valentine drive			
		norfolk, MA 02056	■ Remove		
	ILING CANCELLED ETURNED CHECK		Change		
			☐ Remove		
			Change		
			Add		
			☐ Remove		
			☐ Change		
			☐ Add		
			SECR		
			SECRETARY OF CORT		
			AM STATE		
			☐ Remove		
			□ Change		

). If amending any	other information, e	nter change(s) here:	(Attach additional s	heets, if necessary.)		
FILI	NG-CANC	ELLED		<u> </u>		
RET	URNED C	HECK				
						
		·- · · · · · · · · · · · · · · · · · ·				
-		-				
·						
-						
_						,
				· · · · · · · · · · · · · · · · · · ·		
(If an effective date is Note: If the date in document's effection the record specific specif	nserted in this block do ve date on the Departm fies a delayed effe	ecific and cannot be prior to less not meet the application of State's records. Ctive date, but not	ble statutory filing requ	(optional) an 90 days after filing.) Pursu airements, this date will n at 12:01 a.m. on th	ot be list	ed as the
	after the record is					
Dated Dec 18		. 2017	-; A			
					7	SI VIE
	Signat	ure of a member or author	rized representative of a r	nember		SEC.
					2-1	육젊두
Tami Pi	recopio		1 «Coimm			- 유유 - 유유
		i yped or printed	I name of signee		⇒	S.F.
					: 36	ATE:
		Page	3 of 3		J1	0.K %

Filing Fee: \$25.00