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2017 AUG 21 PM 4: 17

K. SALY AUG 23 2017

COVER LETTER

	TMF GLOBA	AL FOUNDATION ELC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	1	FRANCISCO LOUREDA	
		Name of Person	
		Firm/Company	
	8521 (TRAND CANAL DRIVE	
		Address	
		MIAMI, FL 33144	
	ISMETT	City/State and Zip Code TE@BELLSOUTH.NET	
	E-mail address: ()	to be used for future annual report notif	leation)
for further information	concerning this matter, please ca	all:	
FRANCISCO LOU		305 801-5425 at () Area Code Daytime	
Name (of Person	Area Code Daytime	: Telephone Number
Inclosed is a check for t	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 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

2017 ALEL	
AUG 21 pm	
WEATASSEF FINE	7

	NINIS (TION) I I O	PM 4: 1
	DUNDATION LLC	Military ar
(A Flo	bility Company as it now appears on our record- rida Limited Liability Company)	MASSET, FLORID,
The Articles of Organization for this Limited Liability		and assigned
Florida document number L17000132252	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	
TMF GLOBAL I	LC	
The new name must be distinguishable and contain the words "I	imited 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 BOX)		·
B. If amending the registered agent and/or registered agent and/or the new registered office ac		, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
-	City , Flo	rida

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, enter the title, name, and address of each person being added or removed from our records: FILEL MGR = Manager 2017 AUG 21 PM 4: 17 AMBR = Authorized Member Type of Action Address Title Name _□ Add _□ Remove _ Change _ 🗆 Add _□ Remove _ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove _____ Change _□ Remove _□ Change

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an effective c	late is listed, the c	an the date of filin late must be specific an	d cannot be prior to	date of filing or n	nore than 90 days	after filing.) Pur-	uant to 605.0207 (
iote: If the ocument's c	date inserted in effective date or	this block does not in the Department of S	meet the applicat State's records.	ole statutory filin	ig requirements	s, this date will	not be listed as th
e record s The 90th	specifies a de day after th	elayed effective of record is filed.	date, but not	an effective	time, at 12:	01 a.m. on t	he earlier of:
AU	GUST 17		2017				
-					/)		
_		Signature of a	member or authori	zed representative	of a member	, ,	
		FRAN	CISCO LOURE	DA			
_			Typed or printed	name of signee			

Page 3 of 3

Filing Fee: \$25.00