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☐ PICK-UP	☐ WAIT	MAIL
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2017 SEP -1 PH 3: 37

K. SALY SEP - 5 2017

COVER LETTER

TO: Registration S Division of Co			
TUMIM, I			
	Name of Lin	nted Erability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	TAMAR II.ANA ROTHE	NBERG FENDRICH	
		Name of Person	
	TUMIM, LLC		
		Firm Company	
	3585 NE 2071 H STREET		
		Address	
	MIAMI, FL 33180		
		City/State and Zip Code	
	F-mail oddress: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all;	
	HENBERG FENDRICH	786 449-1187	
Name	of Person	at () 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 enclused)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAHLING 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

2011 SEP - 1 PM 3:38

TUMIM, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Borlda Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on 07/12/2017	and assigned
Florida document number 1.17000149531	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Lutality Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BON)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr Name of New Registered Agent:		nter the name of the new
New Registered Office Address:	Enter Florida street address	
- -	City	aZip Conte
New Registered Agent's Signature, if changing Registered	l Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of my duties, and I gent as provided for in Chapter 605, F.S	am familiar with and Or, if this document is

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TAMAR ILANA ROTHENBERG	3732 NE 207TH TERRACE	■ Add
		MIAMI, FL 33180	□ Remove
			□ Change
			Add
			Remove
			☐ Change
			REmove
			Ser Charge
			Adder Adder
			☐ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			☐ Change

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.	Effective date, if other than the date of filing: (Optional) (If an effective date is listed, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 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. The 90th day after the record is filed.		· · · · · · · · · · · · · · · · · · ·		·····	<u></u>		-
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Filing Fee: \$25.00