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I. HARRIE

COVER LETTER

	gistration Sec vision of Corp			
ello lezze	TML Manag	gement LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclose	d Articles of /	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Tun M Liu		
			Name of Person	
		TML Management LLC		
			Firm/Company	
		9251 Southern Breeze Driv	ve	
			Address	
		Orlando, FL 32836		
			City/State and Zip Code	
		info@lausconsult.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further i	information co	ncerning this matter, please ca	all:	
Tun M Liu			321 287-3184	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for the	e 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

TML Management LLC						
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)					
The Articles of Organization for this Limited Liability Company we florida document number $\frac{1.17000197174}{1.17000197174}$.	oility Company were filed on 9/22/2017			and assigned		
his amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabilit	ly company here:					
the new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	he abbrevia	tion "L.l	C."		
Enter new principal offices address, if applicable:		<u>~</u>	1855 1955			
Principal office address MUST BE A STREET ADDRESS)		,,		E1 ;		
		•••	<u></u>	#TATE:		
		•	2	7		
Inter new mailing address, if applicable:		· :		•		
Mailing address MAY BE A POST OFFICE BOX)				•		
			د ت افریز			
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here: Name of New Registered Agent:	ce address on our records, <u>en</u>	ter the i	324	of th		
New Registered Office Address:	Enter Florida street address					
	, Florida) 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.

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	Nancy Liu	9251 Southern Breeze Drive	∃ Add
		Orlando, FL 32836	☐ Remove
			Change
			Add
			☐ Remove
			Change
	~		
			Remove
		-	
			□ Add
			☐ Remove
			□ Chânge
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ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ocument's effective date on the Department of State's records.	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies of the 90th day after the record is filed. Ited 9/27/2017 Signature of a member or authorized representative of a member 12:02 member 13:03 member 14:05 member 15:05 member 15:05 member 15:05 member 15:05 member 16:05 member 16:0							
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Filing Fee: \$25.00