# L11000 20238

(Requestor's Name)				
(Address)	<u></u>			
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL	-			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE				
JUN 2 & 2024				

Office Use Only



000431051050

2024 JUL 27 III 9: 10

PECEIVED

ALLAHASSEE FLORE

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

PLEASE USE FUNDS FROM THIS ACCO AUTHORIZATION SIGNATURE:	<u> </u>
TMP Capital PLLC L17000202238	$-\alpha n \nu s$
BUSINESS (Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified copies of:	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other LLP	AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
INC	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing Limited Partnership
Fictitious Name	Reinstatement Trademark
APOSTIL ( )	Other

EXAMINER'S INITIALS:

FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

AUTHORIZATION SIGNATURE:	JUN1: 120210000160+ \$60.00_
TMP Capital PLLC L17000202238	
BUSINESS (Name)	Document #
,	
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified copies of:	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A. Officer/Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger
LLP	Conversion
INC	
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign Filing
Fictitious Name	Limited Partnership Reinstatement
Tientious ivane	Trademark
APOSTIL ( )	Other
Country	
	EXAMINER'S INITIALS:

# **COVER LETTER**

Registration Section Division of Corporations

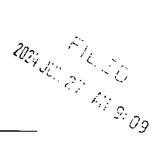
Tallahassee, FL 32314

TO:

TMP Capt			
SOBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Stephanic A Pinder		
		Name of Person	<del></del>
		Firm/Company	
	7592 Mansfield Hollow R	d	
		Address	
	Delray Beach FL 33446		
	steph.a.pinder@gmail.com  E-mail address: (	City/State and Zip Code to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Daniel Castro		954 471-9553 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TMP Capital PLLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 29th, 2017 and assigned Florida document number L17000202238 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." Stephanie A Pinder Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7592 Mansfield Hollow Rd Delray Beach FL 33446 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:

### New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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
AMBR	Stephanie Pinder	7592 Mansfield Hollow Rd Delray Beach FL 33446	<b>=</b> Add
			□Remove
			Change
MGR 	Alexander Pinder		□Add
			□Remove
			BChange
			□Add
			□Remove
			Change
			□Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Add
			□Remove
			□ Change
			\ \ Add
			□Remove
			□Change

					<del></del>
					<del></del>
				· · · · · · · · · · · · · · · · · · ·	
			- ·		
					<del></del>
				<u>-</u>	
	-				
			<del></del>		
					<del></del> _
			<u>-</u>		
-					<del></del>
7 <i>66</i>	- 41 41 - 3-4 - 665	6/27/2024		/ B	
Effective date, if other if an effective date is listed, the Note: If the date inserted document's effective date.	the date must be specific and in this block does not	and cannot be prior to da t meet the applicable	te of filing or more than s statutory filing require	(optional) 00 days after filing.) Pursual ements, this date will not	nt to 605.0207 t be listed as
		ot an effective time	at 12:01 a.m. on the ea	arlier of: (b) The 90th o	lay after the
e record specifies a delay	ed effective date, but n	iot air circotive time,			
e record specifies a delay rd is filed.	ved effective date, but n	2024			
e record specifies a delay rd is filed.	ved effective date, but n		7		
e record specifies a delay rd is filed.	ved effective date, but n		7		
e record specifies a delay rd is filed.	A	, 2024	representative of a men	nber	

Filing Fee: \$25.00

### **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	TMP Captia	il PLLC			
Name of Limited Liability Company					
The enclosed	I Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Stephanie A Pinder			
			Name of Person		
			Firm/Company	<u>.</u>	
		7592 Mansfield Hollow Re			
		Delray Beach FL 33446	Address		
			City/State and Zip Code		
		steph.a.pinder@gmail.com	City/State and Zip Code		
			to be used for future annual report not	tification)	
For further in	iformation co	oncerning this matter, please c	all:		
Daniel Castr			954 471-9553 at ()		
	Name of	Person	Area Code Daytir	me Telephone Number	
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	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)	
Reg Div P.C	iling Address gistration S vision of Co D. Box 632' lahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810	