## 118000009143

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	,	
	<del></del>	





800310978118

03/26/18--01038--005 \*\*25.00

2010 HAR 26 PH 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Man 27 2010

J SHIVERS

## **COVER LETTER**

Divisi	ion of Corp	orations		
	/ROMAN T			
Name of Limited Liability Company				
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing	
			<u>-</u>	
Please return al	ll correspond	dence concerning this matter	to the following:	
		TIM VROMAN		
		<u> </u>	Name of Person	
				·
			Firm/Company	
		8951 LAKE DRIVE E505		
		<del> </del>	Address	
		CAPE CANAVERAL, FL	32920	
		+ <del></del>	City/State and Zip Code	
		tvroman@rxstrategies.com		
		E-mail address: (t	to be used for future annual report no	tification)
For further info	ormation con	cerning this matter, please ca	ıll:	
TIM VROMA	N		770 596-2327	
<del>_</del>	Name of F	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a c	heck for the	following amount:		
<b>■ \$25.00</b> Fili	ng 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:

TO:

Registration Section

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

VROMAN T&K LLC			
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number L18000009143	oility Company were filed on _01/10/2018	and assi	igned
Tortda document number	·	*	
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of the	he limited liability company here:		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or t	the abbreviation "L.I	J.C."
Enter new principal offices address, if applicab	le:		
Principal office address MUST BE A STREET.	ADDRESS)		
	<u></u>		
Enter new mailing address, if applicable:			
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	<del> ,</del>	<del></del>
3. If amending the registered agent and/or egistered agent and/or the new registered office	registered office address on our records, <u>er</u> ee address here:	nter the name	of the
		74. 174. 174.	
Name of New Registered Agent:	· .	70 <b>8</b>	
New Registered Office Address:		HAS	****
· · · · · · · · · · · · · · · · · · ·	Enter Florida street address	E O	1
	, Florida	a For DK	
	City	R Zip Copie:	(
New Registered Agent's Signature, if changing Res	gistered Agent:	\$ <del>2</del>	

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	Kathleen Vroman	6268 Benbrooke Way NW	■ Add
		Acworth, GA 30101	☐ Remove
			□ Change
			□ Add
			□ Remove
		•	Change
			DAdd
			Remove
			□ Change
		**************************************	□ Add
		· · · · ·	□ Remove
			□ Change
			□ Add
			□ Remove
		· · · · · · · · · · · · · · · · · · ·	• □ Change
			□ Add
		<del></del>	□ Remove
		·	□ Change

-				_
	• '			
-				-
-				-
-				-
-				_
-				
-				-
-		<del></del>		_
-				-
_				_
-				-
	•			
-				
-				-
		Z Z	20	
		HA	IB MA	
-			~0	-
	<u>.                                    </u>	ARY SSE	26	Ī
_		OF S	PM	
Faat	ve date, if other than the date of filing: (optiona	.07 .1.S		Ţ
ın eff ote:	cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this daent's effective date on the Department of State's records.	n <del>g Pu</del> irsu	aurio 60 of be lis	5.020
red The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	. on th	e earli	ier (
ted	March 2018			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00