# L180000 10419

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
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SUBJE	C1:		ited Liability Company	
The enc	losed Articles of	Amendment and feets) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Address Orlando, FL 32837  City/State and Zip Code jillian@Reonsult-mastermind.com  B-mail address: (to be used for future annual report notification) on concerning this matter, please call:  208 301-5684 at (		
			Name of Person	
			Firm/Company	<del></del>
		14101 Entrada Drive		
		-	Address	
		Orlando, FL 32837		
			City/State and Zip Code	
		- ·		
For five	har information a		•	ication)
		oucerning this matter, prease c	an.	
Jillian ?	Nightingale			
	Name o	f Person	Area Code Daytime	Telephone Number
Englose	d is a check for th	he following amount:		
\$ \$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registr		STREET/COURI	n

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&I. Masterminds, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lii	Company as it now appears on our records.) mited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Com	npany were filed on 1/11/2018	and assigned
Florida document number L18000010469		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "Lf.C" or th	te abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	<b>N</b> 38 6 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
		A KP O
Enter new mailing address, if applicable:		<b>9</b> 23
(Mailing address MAY BE A POST OFFICE BOX)		<b>E</b> 3
	<del></del>	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		ter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	Cirv	Zıp 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. Thereby 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>	<u>Address</u>	Type of Action
MGR	Whitney Smith	14101 Entrada Drive	
		Orlando, FL 32837	= Remove
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Effective date, if other than	the date of fil	ling:		(	optional)	
If an effective date is listed, the date Note: If the date inserted in thi	s block does no	ot meet the appl	icable statutory	filing requirement	s, this date will not	t to 605.020 be listed a
document's effective date on th	: Department (	of State's record	is.			
he record specifies a dela			ot an effecti	ve time, at 12:	01 a.m. on the	earlier (
The 90th day after the i	ecord is file	ed.				
Dated June 5		2018				
<b>△</b>		Λ				
Jillian N	ghtinga	La member or au	horized represent	ative of a member		

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Filing Fee: \$25.00