

L18000045063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

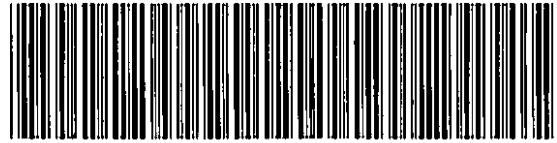
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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TML MILLWORKS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTA L. TODD-DINGLER

Name of Person

REGISTERED AGENT for TML MILLWORKS LLC

Firm/Company

1196 KNOLL DR W

Address

JACKSONVILLE, FL 32221

City/State and Zip Code

kristatodd74@gmail.com

E-mail address; (to be used for future annual report notification)

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18 MAR 24 AM 8:32  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KRISTA TODD-DINGLER

904

554-6079

at ( )

Name of Person

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 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 MILLWORKS LLC

(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 February 20th 2018 and assigned Florida document number L18000045063.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

N/A

**(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:**

Name of New Registered Agent:

N/A

New Registered Office Address:

Enter Florida street address

City, Florida Zip 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.*

N/A

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>	<u>Type of Action</u>
AMBR	TERRY M. LANE		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		Add title: AMBR. Mr Lane is both owner and managing member.	<input checked="" type="checkbox"/> Change
AMBR	STEPHEN C. TODD	1196 Knoll Dr W, Jacksonville, FL 32221	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

TERRY M. LANE - Update of title to AMBR required as Mr Lane is both an owner and managing member.

Percentage of ownership is 75%.

STEPHEN C. TODD - Adding as 2nd owner/managing member to this LLC. Percentage of ownership is 25%.

SEE ATTACHED SHEET OF PAPER FOR ADDITIONAL CLARIFICATION.

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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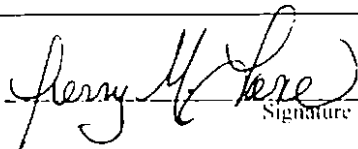
**E. Effective date, if other than the date of filing: 08/14/2018 (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated August 14th 2018



Signature of a member or authorized representative of a member

Terry M. Lane

Typed or printed name of signee

Document Number: L18000045063  
Limited Liability Company: TML Millworks LLC

Effective August 14h 2018, Changes to Authorized Persons authorized to manage and control the LLC are as follows:

**Amendment to ARTICLE IV-**

The name, address and ownership percentage of each person authorized to manage and control this Limited Liability Company:

<u>Action:</u>	<u>Ownership Percentge:</u>	<u>Title:</u>	<u>Name and Address:</u>
Change	75%	AMBR/MGR	TERRY M. LANE 1196 KNOLL DR W JACKSONVILLE, FL 32221
Add	25%	AMBR	STEPHEN C. TODD 1196 KNOLL DR W JACKSONVILLE, FL 32221

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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