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2025 JAN 24 PM 5: 55

2/27/25 NOTES DETAIL SCREEN 4:50 PM

CORP NUMBER: L18000069454 CORP NAME: T M COMPANIES, LLC

DO NOT CHANGE THE NAME BUT MAKE ALL OTHER CHANGES AS REQUESTED PER TOD D MCNALLY 786-944-6477. KSP 1/13/2025

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. MGR/MEM, 4. EVENTS, 5. TOP, 6. NAMES

ENTER SELECTION AND CR:

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	ECT: TM Company Company CCC
The en	iclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Told McNally Name of Person
	Firm/Company
-	7000 Tides Cir #1/5
-	City/State and Zip Code  E-mail address: (to be used for future annual report notification)
For fur	rther information concerning this matter, please call:
	Name of Person at Area Code Daytime Telephone Number
Enclos	sed is a check for the following amount:
× 52	25.00 Filing Fee Solution Solu

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	m palle
(Name of the Limited Liability Compar (A Florida Limited L	iy as y now appears on our records.)
(A Horida Estimod 1.	indinity Company)
The Articles of Organization for this Limited Liability Company	- / / · · · · · · · · · · · · · · · · ·
Florida document number	A T
Piorida document number	N)
This amendment is submitted to amend the following:	· · · · · · · · · · · · · · · · · · ·
This amenanche is sayinited to amena the rollowing.	
A. If amending name, enter the new name of the limited liabi	lity company here:
Asian American	Kitchen LLCn. 55
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
	Tida Con HIC
Enter new principal offices address, if applicable:	- 1000 1 an CM + 1/1
(Principal office address MUST BE A STREET ADDRESS)	Savasta, FL 34240
Enter new mailing address, if applicable:	7000 Tides Cir #118
(Mailing address MAY BE A POST OFFICE BOX)	Carolota FL 34240
artuanig dauress mili DE 111 001 0111 102 DOIN	
B. If amending the registered agent and/or registered office a	ddress on our records, enter the name of the new registered
agent and/or the new registered office address here:	
-	
Name of New Registered Agent:	crarat McNally
7.7	no Tidas C: 1#118
New Registered Office Address:	Enter Florida street address
	-
$\sim$	1 1 4 5 T4 Florida 34240
	Cin: 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.

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
MER	Warret McNally	1000 Tides Cir. #118 Savasota, FL 34240	<b>XQ</b> Add
	1	Sarasota, FL 34240	□Remove
			□Change
			🗆 Add
			🗆 Remove
-			□Change
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			∏Change

). II amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	we date, if other than the date of filing:
f the record	I 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 ed.
Dated _	Signature of a member or authorized representative of a member
	Warasat Mc July
	Wara at Maly

Filing Fee: \$25.00