

L180002266012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

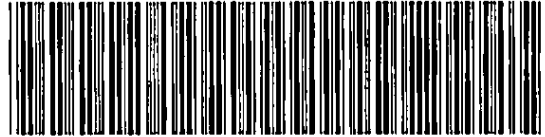
(Document Number)

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reference to 1/3/18
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25.00

2019 JAN -3 PM12:52

FILED

Amend

JAN 03 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: T&S FLOSSMOOR, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANTHONY PRYOR

Name of Person

TJXP, LLC

Firm/Company

3008 S OCEAN BOULEVARD, UNIT B

Address

HIGHLAND BEACH, FL 33487

City/State and Zip Code

JOE@WWRLCO

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

For further information concerning this matter, please call:

S. EVERETT

561 900-1861
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

T&S FLOSSMOOR, LLC
3008 S Ocean Boulevard, Unit B
Highland Beach, FL 33487

December 11, 2018

Via Fedex #773937833526

Registration Section
Division of Corporations
Florida Department of State
2661 Executive Center Circle
Tallahassee, FL 32301

Re: T&S Flossmoor #L18000226612


TO WHOM IT MAY CONCERN:

Attached please find an Original and Copy of Articles of Amendment to the Articles of Organization of T&S Flossmoor, LLC., together with check number 148 in the amount of Twenty Five and 00/100 (\$25.00) respectively.

Also enclosed is a stamped self-addressed return envelope. Please be good enough to return a File Stamped copy of the above Amendment to our offices.

If you have any questions or need additional information please don't hesitate to contact my Assistant Sharmini Everett at (561) 900-1861 or via email at sharminie@coa.co.

Thank you,


for Anthony Pryor

Attached: 1 check
Amendments
SAE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 28, 2018

T&S FLOSSMOOR, LLC
3008 S. OCEAN BLVD
UNIT 8
HIGHLAND BEACH, FL 33487

SUBJECT: T&S FLOSSMOOR, LLC
Ref. Number: L18000226612

We have received your document for T&S FLOSSMOOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to indicate which action to take with SHIEN-LIN SABER.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 818A00026465

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

T&S FLOSSMOOR, L.L.C.

(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 9, 2018 and assigned Florida document number L18000226612.

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2019 JAN -3 PM 12:52
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

City

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>	<u>Address</u>	<u>Type of Action</u>
MGR	THAD PRYOR	3008 S OCEAN BOULEVARD, UNIT B, HIGHLAND BEACH, FL	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	TJXP, LLC	14545J MILITARY TRAIL, #236 DELRAY BEACH, FL 33484	<input type="checkbox"/> Change <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 <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (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 DECEMBER 10 2018

Signature of a member or authorized representative of a member

TJXP, LLC

mgr

Typed or printed name of signee