L180002266012

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Shall min Everal Advised to hamani Advised to 1/3/18 Shain-lin Saba
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1 ALBRITTON

COVER LETTER

TO:		istration Sect sion of Corpo		•		
SUBJEC	cr.	T&S FLOSS				
SOBJEC	U 1 i		Name of Limi	ted Liability Company	1	_
	·		mendment and fee(s) are sub			
Please re	aturn	all correspond	dence concerning this matter t	to the following:		
			ANTHONY PRYOR			
				Name of Person		
			TJXP, LLC			
Firm/Company						
3008 S OCEAN BOULEVARD, UNIT B						
			···	Address		
			HIGHLAND BEACH, FL	33487		
	ú		JOE@WWRLCO	City/State and Zip Code		
			-	o be used for future annual re	eport notification)	
For furth	ier in	formation con	ncerning this matter, please ca	ill:		
S. EVER	RETI	ľ		561 900	-1861	
		Name of I	erson	Area Code	Daytime Telephone Nun	nber
Enclosed	 I is a	check for the	following amount:			
■ \$ 25.0	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certi sed) Certi	Filing Fee, ficate of Status & fied 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 number148in 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 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

&√ Anthony Pryor

Attached:

1 check

Amendments

SAE



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.

Letter Number: 818A00026465

Irene Albritton
Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

, T&S FLOSSMOOR, LLC	
(<u>Name of the Limited Liab</u> (A Flori	ollity Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1.18000226612	* Company were filed on SEPTEMBER 9, 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADL	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PH 12: 52
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the saddress here</u> :
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>	Address	Type of Action
MGR	THAD PRYOR	3008 S OCEAN BOULEVARD. UNIT B. HIGHLAND BEACH,	
			■ Remove
·			Change
MGR	TJXP, LLC	14545J MILITARY TRAIL, #236 DELRAY BEACH, FL 33484	■ Add
			□ Remove
			☐ Change
			Add
		*·····	Remove
	<u>.</u>		Change
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ffective date, if other than the dan effective date is listed, the date must lote: If the date inserted in this blococument's effective date on the Dep	e specific and can k does not meet	not be prior to the applicabl	date of filing or me	(opti ore than 90 days afte crequirements, th	r filing.) Pursuant to	605,020 listed a
e record specifies a delayed The 90th day after the reco		e, but not a	an effective t	me, at 12:01	a.m. on the ea	arlier (
DECEMBER 10		2018		_		
	gnature of a mem	her or authori	ed representative	of a member		-
			\			

Page 3 of 3

Filing Fce: \$25.00