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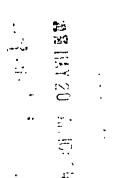
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	 iling Officer:	

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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Тотту	sue LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	mitted for filing.	· ·
Please return all corre	espondence concerning this matter	to the following:	
	Suzan Kennedy		
	Tommysue LLC	Name of Person	
	4828 Saratoga Road	Firm/Company	
	West Palm Beach FL 3341	Address 15	
	weshome@juno.com	City/State and Zip Code	
For further information	E-mail address: (on concerning this matter, please c	to be used for future annual report notifical:	eation)
Suzan Kennedy	C	561 310-0590 at ()	
Na	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check f	or the following amount:		
□ \$25.00 Filing Fed	e □ \$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)
Re Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building	

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tommysue LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	2011 2018	
The Articles of Organization for this Limited Liability Compan	y were filed on oct 1 2018	and assigned 🔆
Florida document number L18000231371		•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Kennedy J Ilc		
The new name must be distinguishable and contain the words "Limited Lial	oility Company," the designation "LLC"	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)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		enter the name of the no
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flo	rida
	Citv	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	d I am familiar with and E.S. Or, if this document is
и съ	anging 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>	Name	Address	Type of Action
PRES	Jeff Kennedy	16243 E Aquaduct Drive Loxahatchee FL 33470	■ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
		Remove	
		Change	
			Add
	wine the control of t	□ Remove	
			Change
		·	
			Remove
			☐ Change
			Add
			Remove
			Change

•	
(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 605.0 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.)207 (3)(il as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed.	r of:
Dated May 16 2019 - Xuz Cen Elm May Signature of a member or authorized representative of a member	
Signature of a member or authorized representative of a member	
Suzan Kennedy	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00