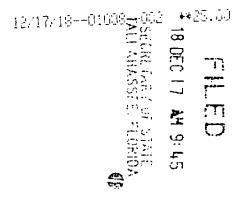
118000253894

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
(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:		
(Busin	ess Entity Name)	
(Docur	nent Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	

Office Use Only



300321595163



T SCHROEDER

COVER LETTER

TO:	Registration Sec Division of Corp				
		Tennie & Associates, LLC			
SUBJECT: Name of Limited Liability Company					
		Amendment and fee(s) are subn			
Please	retum all correspon		o the following:		
		inerma rennie			
		Thelma Tennie Name of Person Dr. Thelma Tennie & Associates, LLC Finn/Company 4699 N State Road 7, Suite B1 Address Tamarac, Florida 33319 City/State and Zip Code dr.thelmatennie@gmail.com E-mail address: (to be used for future annual report notification)			
			Firm/Company		
		4699 N State Road 7, Suite	B1		
			Address		
		Tamarac, Florida 33319			
		E-mail address: (t	to be used for future annual report notifi	cation)	
For fu	rther information co	oncerning this matter, please ca	all:		
Dr. Ti	nelma Tennie		954 644-9567 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclos	sed is a check for th	ne following amount:			
■ \$2	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)	
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:	

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

TO:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dr. Thelma Tennie & Associates, LLC (Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.)		
(A Florida Limited Lia	ability Company)		
The Articles of Organization for this Limited Liability Company w	vere filed on October 29, 2018	and a	ssigned
Florida document number			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
	not be a single of the country	- abbreviation "	LLC"
The new name must be distinguishable and contain the words "Limited Liabilit	y Company, the designation Line of the	c aboreviation	
Enter new principal offices address, if applicable:		<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		·	æ
(Frincipal office address M2001 ganger			<u> </u>
		\$55	
		. FF ≟. •	- m
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
		To C	1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>en</u> :	ter the nam	<u>e or the ne</u>
CNL Deviatored Assents			
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address	<u> </u>	
	. Florida	ì	
	City	Zip Coo	le

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>	Type of Action
THE	Thelma Tennie	4699 N State Road 7, Suite B1	
MGR			Add
		Tamarac, Florida 33319	
			Remove
			Change
	Eddie Tennie	4699 N State Road 7, Suite B1	
MGR	200.0 70		
		Tamarac, Florida 33319	
			Remove
		_	
	Johnniya Hamilton	4699 N State Road 7, Suite B1	18 SE
MGR	Johnsya Harrinon		□ Add ······
		Tamarac, Florida 33319	252
			Remove_
			Change
			
			□ Remove
			<u> </u>
			Change
			Remove
			Change
			Add
			Remove
			Change

			_
			_
			_
			_
			_
			
			_
		16 18 18 18	_
		** C)	
		7 7 Po	1
		19 9	
		<u> </u>	_
			
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory file.	(optional r more than 90 days after filin ling requirements, this dat	g.) Pursuant to	605.0 list e c
sument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective he south day after the record is filed.	e time, at 12:01 a.m	, on the ea	ırlier
November 27 2018			

, Ď.

Page 3 of 3

Filing Fee: \$25.00