Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WILSON TAX & ACCOUNTING INC.

Account Number : I20150000107 : (941)625-1925 Phone Fax Number : (941)625-1526

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: tlindenberger@comcast.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN T. TILLMAN LLC

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May 13, 2019

FLORIDA DEPARTMENT OF STATE Division of Corporations

WISLON TAX & ACCOUNTING INC

SUBJECT: T. TILLMAN SWFL. INC.

REF: W19000046517

We have received your document for T. TILLMAN SWFL. INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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

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Keyna E Page Regulatory Specialist II FAX Aud. #: H19000155388 Letter Number: 119A00009565

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U	ľ	
T. Tillman LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now annears on our records.	
The Articles of Organization for this Limited Liability Company Florida document number L19000005116	were filed on 01/03/2019	and assigned
This amendment is submitted to amend the following:	!	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new name must be distingui	ty 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:		<u> </u>
(Malling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records,	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	
	Ciry	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete, accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, ànd rovided for in Chapter 605! F	l I am familiar with and .S. Or, if this document is
[[Chen	ging Registered Agent, Signature of	New Registered Agent

Page 1 of 3

			
MGR = Ma AMBR = Au	nager thorized Member		
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D. If amending any other informa	tion, enter change(s) here: (Ana	ch additional sheets, if necess	ary.)	
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Note: If the date inserted in this ble	t be specific and cannot be prior to date of pock does not meet the applicable state	(option filing or more than 90 days after fil atory filing requirements, this di	ng.) Pursuant to 605.0207 (3)(b)	
document's effective date on the De	rpartment of State's records.			
If the record specifies a delayed (b) The 90th day after the reco	l effective date, but not an efford is filed.	fective time, at 12:01 a.n	n, on the earlier of:	
Dated May 10th	2019			
4	Signature of a member authorized rep	resentative of a member		
Tina Yaughn				
	Typed or printed name o	signec .		
	Page 3 of 3			

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