

L19000117403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

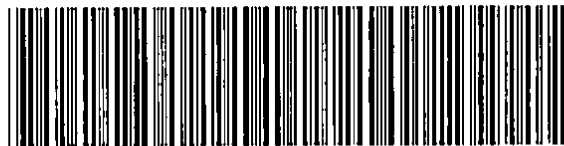
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900329664769

APPROVED  
AND  
FILED

2019 MAY 23 AM 8:52

RECEIVED  
FBI ALBANY, NY

RECEIVED  
DEPT OF STATE  
19 MAY 23 PM 4:09


T GLASS

MAY 24 2019

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 769579 8271889

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : May 15, 2019

ORDER TIME : 9:13 AM

ORDER NO. : 769579-001

CUSTOMER NO: 8271889

DOMESTIC AMENDMENT FILING

NAME: TSHJ, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT  
       RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS: \_\_\_\_\_

APPROVED  
AND  
FILED  
2019 MAY 23 AM 8:52  
TALLAHASSEE, FL  
CLERK OF SUPERIOR COURT

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: TSHJ, LLC

**SECOND:** The Florida Document number of the limited liability company is: L19000117403

**THIRD:** Document to be corrected is: Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article IV was incorrectly filed without listing the effective date on the articles of organization. Article IV

on the articles of organization needs to be corrected to list the effective date as 05-05-2019

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Thomas J. Harkness

Signature of Authorized Representative

05/20/2019

Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

**Filing Fee:                      \$25.00  
Certified Copy:                \$30.00 (optional)**