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COVER LETTER

SUBJECT:Name of Limited Liability Company	
readic of training Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
DONALD J. THOMAS, Esq.	
Name of Person	
CBR LAW GROUP, LLLP	
Firm/Company	
165 E. Palmetto Park Road, Suite 200	
Address	
Boca Raton, FL 33432	
City/State and Zip Code	
don@cbrlawgroup.com E-mail address: (to be used for future annual report notificat	
	10n)
For further information concerning this matter, please call:	
Donald J. Thomas, Esq. 561 609-1515	
Name of Person Area Code Daytime Te	lephone Number
Enclosed is a check for the following amount:	
■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

FIL	ED
-----	----

	T-Bo & Associates, LLC	
(Name of the Limite	d Liability Company as it now appears on ou A Florida Limited Liability Company)	r records.)
(A Florida Limited Liability Company)	7 records.)
The Articles of Organization for this Limited Lia	ability Company were filed onJun	C 1252CRETARY OF STATE DEC
Florida document number L19000156081		YALLAHASSEE, FLORIDA
torida document tidinoct	·	
This amendment is submitted to amend the follo-	wing:	·
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
• • •		
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/o		records, enter the name of th
registered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stred	et address
		Florida
	City	, Florida Zip Code

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
MGR	ROBERT GREFF	37 COBBS MILL ROAD, WILTON, CT 06897	Add
			■ Remove
		-	Change
MGR RO	ROBERT GREEFF	37 COBBS MILL ROAD, WILTON, CT 06897	Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Remove
		Change	
			□ Add
			Remove
			Change
			□ Add
			Remove
			Change

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E. Effective	date, if other than the date of filing:
Note: If	ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 0th day after the record is filed.
Dated	July 16
	11 /X/ Httorey
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Fact Fa

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Filing Fee: \$25.00