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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JSP Deployments LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Jose A. Poma Les Name of Person
JSP Deployments LLC Film/Company
9833 Misha Lu Address
Dade City Florida 33575 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sose' A-Pomstes at (813) 452-8448 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

MAILING ADDRESS:

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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 TO ARTICLES OF ORGANIZATION OF

JSP Deploy men (Name of the Limited Liability Con	noany as it now addears on our records.)
(A Florida Limit	ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/9000/8/3 90</u> .	any were filed on July 15, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	jability company here:
TPS Deployments L.L. The new name must be distinguishable and contain the words "Limited Li	C.
the new name must be distinguishable and contain the words. Limited Li	/ 1
Enter new principal offices address, if applicable:	<i>N/H</i>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	N/A
(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 h	office address on our records, enter the name of the new
Name of New Registered Agent:	N/A
New Registered Office Address:	
	Enter Florida street address
	Florida
	, Florida City Zip Code

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change
			□ Remove
			□ Change
			Add
			□ Remove

•
Effective date, if other than the date of filing:
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.
Dated November 15, 2019.
Jan Mi
Signature of a member of authorized representative of a member 505e'A Pomales Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00