## L19 000 266699

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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  | •   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
| CUDIECT.                               | TMORPH                                       | MANAGMANT   | T 11.1.  |  |  |  |  |
| SUBJECT:                               | Name of Lym                                  | MANAGMENT ited Liability Company                                    |  |  |  |  |  |
| T                                      |  |   |  |  |  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |  |  |  |  |  |
| Please return all correspo             | ndence concerning this matter                | to the following:   |  |  |  |  |  |
|  | Terre  | Name of Person  | <del></del>  |  |  |  |  |
|  |  | Firm/Company  |  |  |  |  |  |
|  | 144 1  | WILL BERRY BR<br>Address  | anth U,  |  |  |  |  |
|  | DAYTONA BE                                   | AUN FL 3 H 2 City/State and Zip Code                                | <u>-y</u>  |  |  |  |  |
|  | Terrell (E-mail address: (                   | 8 GSD CON STRUCT<br>to be used for future annual report notif       | Tlan: (om fication)  |  |  |  |  |
| For further information c              | oncerning this matter, please co             | all:  |  |  |  |  |  |
| TERRELL<br>Name o                      | Fesier<br>fPerson                            | at (317) 214 - 5427 Area Code Daytime Telephone Number              |  |  |  |  |  |
| Enclosed is a check for the            | ne following amount:                         |   |  |  |  |  |  |
| \$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) |  |  |  |  |
| Mailing Address Registration S         |  | <u>Street Address:</u><br>Registration Sec                          | ction  |  |  |  |  |
| Division of C                          | orporations                                  | Division of Cor   | porations  |  |  |  |  |
| P.O. Box 632                           |  | The Centre of T   | allahassee   |  |  |  |  |
| ************************************** | . 1/3144                                     | 741 1 W WARTEN  | - socret some all  |  |  |  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| TMONEY MANA (Name of the Vimited Liability Compa (A Florida Limited L   | Genery  |
|---|---|
| (A Florida Limited L  | iability Company)   |
| The Articles of Organization for this Limited Liability Company   | were filed on OCT 24 2019 and assigned                            |
| Florida document number 19000 266699 .  | ,   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the limited liab   | ility company here:   |
| The new name must be distinguishable and contain the words "Limited Liabil  | ity Company," the designation "LLC" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   | <u> </u>  |
| (Principal office address MUST BE A STREET ADDRESS)   |   |
|   |   |
|   | 型 <b>型</b>  |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
|   | 10A   |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter the name of the new registere</u> |
| Name of New Registered Agent:   |   |
| New Registered Office Address:  |   |
|   | Enter Florida street address                                      |
| <del> </del>  | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>   | Address                                    | Type of Action      |
|--------------|---------------|--|---------------------|
| mbry         | TERREN FESIER | 144 AUCKLEBERRY BRA. PATTONA BUAUM FL 3212 | NA CT               |
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| Tective date, if other then effective date is listed, the   | date must be spe                     | cific and can               |                             |                |                |                | filing.) Pu |             |        |
| ote: If the date inserted in<br>ocument's effective date of | in this block doe<br>on the Departme | es not meet<br>ent of State | the applica<br>s's records. | ble statutory  | filing require | ments, this    | date will   | not be lis  | ited a |
|   |                                      |                             |                             |                |                |                |             |             |        |
| record specifies a delayed<br>is filed.                     | l effective date,                    | but not an                  | effective tin               | ne, at 12:01 a | i.m. on the ea | rlier of: (b)  | The 90      | th day aft  | er the |
| _   | _                                    |                             |                             |                |                |                |             |             |        |
| ated <u>2-20-</u>   | - 79                                 | <del></del>                 | 2020)                       | - <b>/</b>     |                |                |             |             |        |
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Filing Fee: \$25.00