L200000 29396

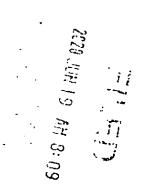
(Re	questor's Name)	
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COVER LETTER

Division of Cor			
T.M.L. In	vestment Group LLC.		
SUBJECT:	Name of Limi	ted Liability Company	
	, cance of the		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ASSOUFI M, EDHI	A	
		Name of Person	 _
	T.M.L. Investment G	roup LLC.	
		Firm/Company	
	2900 NE 7TH AVE.	APT 901	
		Address	
	MIAMI, FL 33137		
	medhiassoufi566@g	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
ASSOUFI M, EDH	IA	305 6323555	
Name o	f Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	vion
Registration . Division of C		Registration Sec Division of Cor	
D O D w 633	•	The Centre of T	•

P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T.M.L. Investment Group LLC.		. !
(Name of the Limited Liabilit (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C L20000029396		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	_
		_
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		_ _
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our records, <u>enter the name of the new regi</u>	stere
Name of New Registered Agent:		_
New Registered Office Address:	Enter Florida street address	
	. 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
AMBR	JAY ARTHUR ROSENBERG	55 SW 9TH ST. APT 2406 MIAMI. FL 3313	30 ∃ Add
			□Remove
			□Change
·			□Add
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Iffective date, if other than the data an effective date is listed, the date must be some. If the date inserted in this blocklocument's effective date on the Department.	does not meet the appli	icable statutory filin		iling.) Pursuant to 605.0207
e record specifies a delayed e The 90th day after the recor	ffective date, but n d is filed.	ot an effective	time, at 12:01 a.	m. on the earlier of
June 17 Dated	2020	 /		
	A.			
	#7 ./			
Si	gnature of a member or aut	horized representative	e of a member	

Page 3 of 3

Filing Fee: \$25.00