## L200000 38725

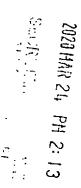
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Office Use Only



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O SIMMONS MAR 25 2020

## **COVER LETTER**

то:	Registration Sect Division of Corpo			
	TTO	Remodeling	110	
SUBJE	CT: 100	Name of Lin	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	lence concerning this matter	to the following:	
		Travis Co	<u>lwhite</u> Name of Person	
		TJC Ken	10 deling LL	2
		9712 N O	regan Ave	<del></del>
		Tampa	Ft 33612 City/State and Zip Code	
		TCOIW Lite 19	195 @ 9moil. Com to be used for future annual repor	Inotification)
For furt	her information con	cerning this matter, please ca	all:	
	Travis Name of P	Calwhite	at (_ <b>&amp;</b> /3) <b>6</b> _/a Area Code	ytime Telephone Number
Enclose	d is a check for the	following amount:		
X\$25	5.00 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:		Street Addres	s:
	Registration Se	ction	Registration	
	Division of Cor	porations		Corporations of Tallahassee
	PU BOY 647/		Inc Centre	OF LAHAMASSAA

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TJC Remodeli	na LLC	
(Name of the Limited Liability Co (A Florida Limi	mpady as it now appears on electric Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp. Florida document number <u>L2000038725</u>	any were filed on $\underline{\mathcal{A}}$	3 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	liability company here:	2020
The new name must be distinguishable and contain the words "Limited L	iability Company," the designa	ation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	<del></del>	21
(Principal office address MUST BE A STREET ADDRESS	N/A	P 111
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	NA	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our record	ds, enter the name of the new registered
Name of New Registered Agent:	t	
New Registered Office Address:	Enter Florida su	root address
	Enter 1 tortaa sii	
<del></del>	City	, Florida 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
MER	Travis Cal white	9712 N Oregon Ave	Add
		9712 N Oregon Ave Tampa FL 33612	□Remove
			□Change
			□Add
			□ Remove  Remove  HATTER  □ Change
			□Ad <del>P</del> ??
			□Change
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			NA				
i effective	ate, if other than the date is listed, the date must	t be specific and cann					
	date inserted in this blo effective date on the De			itory tiling requiren	ients, this date wil	it not be listed	d as
-	cifies a delayed effective	date, but not an e	fective time, at 12	2:01 a.m. on the earl	ier of: (b) The 9	0th day after	the
s mea.							
is med.	111/2020	· -	·				
	7117200						
is filed.	111/2020						

Filing Fee: \$25.00