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## **COVER LETTER**

TO: Registration Division of C		
	OND COMPANY LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	
	101 N Brand Blvd 11th Fl	
	Address	
	Glendale, CA 91203	
	City/State and Zip Code tbond9702@gmail.com	
	E-mail address: (to be used for future annual report notification)	
For further information	n concerning this matter, please call:	
Cheyenne Moseley	800 773-0888 at ( )	
Nam	at () ne of Person Area Code Daytime Telephone Number	_
Enclosed is a check for	or the following amount:	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fe Certificate of Status	tatus &

MAILING ADDRESS:

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

T. S. BOND COMPANY LLC

( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number $\frac{120000071619}{1}$	ompany were filed on 03/04/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
(maning maress mat be at 1001 of the box)	
B. If amending the registered agent and/or registered agent and/or the new registered office additional agent.	tered office address on our records, enter the name of the no- ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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>	Name	Address	Type of Action
AMBR	BOND, SAMUEL T		
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Typed or printed name of signee

Filing Fee: \$25.00