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- 1	(Requestor's Name)
	(Address)
	(Address)
<u> </u>	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
<u></u>	

Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
TFCWEXP	O , l.l.C		
SUBJECT:	Name of Lim	ited Liability Company	
m		to 16 office	
	Amendment and fee(s) are sub		
Please return all correspon	ndence concerning this matter	to the following:	
	ALVIN P KENNEDY JR		
		Name of Person	
	TFCWEXPO, LLC		
		Firm/Company	
	8613 OLD KINGS RD SO	OUTH SUITE 301	
		Address	<u> </u>
	JACKSONVILLE, FL 322	217	
		City/State and Zip Code	
	AKENNEDYJR@THETFO		
		to be used for future annual report notif	fication)
For further information co	oncerning this matter, please of	all:	
ALVIN P KENNEDY JR		904 323-0954 at ()	
Name of	l'Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	artius.
Registration Section Division of Corporations		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 -8 F" 2: 17

If Changing Registered Agent, Signature of New Registered Agent

TFCWEXPO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company were filed on $\frac{0}{2}$	05/07/2020	and assigned
Florida document number 1.20000124153	·		-
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company l	here:	
The new name must be distinguishable and contain the words	"Limited Liability 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 AI			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A <u>POST OFFICE BO</u> X	·		
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:		records, <u>enter the</u>	name of the new regist
New Registered Office Address:	Enter Fl	lorida street address	
		Floric	la
_	City	, 7 10110	Ia Zip Code
New Registered Agent's Signature, if changing Regis	stered Agent:		
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper as accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	nd complete performance o ed agent as provided for in stered office address, I her	of my duties, and i Chapter 605, F.S	l am familiar with and 5. Or, if this document i

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR ALVIN P KENNEDY JR		8613 OLD KINGS RD SOUTH SUITE 301	🗆 Add
		JACKSONVILLE, FL 32217	□Remove
			■ Change
			Remove
			□ Change
			🗆 Add
			Remove
			□Change
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Note: 1	ve date, if other than the date of filing:	0207 (d as t
ord is file		the
Dated _	Jun 3 ^{v2l} 2020 Signature of a member or authorized representative of a member	
	- XCOT	
	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00