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(Req	questor's Name)
bbA)	dress)
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(City)	//State/Zip/Phone #)
PICK-UP	Wait Mail
(Bus	siness Entity Name)
(Doc	cument Number)
Certified Copies	Certificates of Status
Sertified Sopies	
Special Instructions to F	Filing Officer:
	J. HORNE
	NOV 2 1 2022

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2022 NOV 18 AH 10: 0 72022 MCV 18 PM 1: 50

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TMS SPRINGS, LLC	
	·
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рhого Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search_
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
<u> </u>	Driving Record
Requested by: SETH	UCC 1 or 3 File
	UCC Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO:		istration Sect sion of Corpo			
		TMS SPRING	GS, LLC		
SUBJEC	CT:			nited Liability Company	
The encl	oscd	Articles of A	mendment and fee(s) are sub	bmitted for filing.	
Please re	tum	all correspond	dence concerning this matter	r to the following:	
			EILEEN PENNINGTON		
				Name of Person	
			BLALOCK WALTERS, P	P.A.	
				Firm/Company	
			802 11TH STREET WEST	Т	
				Address	
			BRADENTON, FLORIDA	A 34205	
				City/State and Zip Code	
			epennington@blalockwalter		
			E-mail address: ((to be used for future annual report notification)	
For furth	er in	formation con	cerning this matter, please ca	all:	
EILEEN	PEN	NINGTON		941- 748-0100 at ()	
		Name of P	crson	Area Code Daytime Telephone Number	
Enclosed	is a	check for the	following amount:		
■ \$25.0	00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
		ing Address: stration Sec	ction	Street Address: Registration Section	
1	Divi	sion of Cor		Division of Corporations	
		Box 6327 ahassee, FL	32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	n

Tallahassee, FL 32303

DocuSign Envelope ID: 741AC969-21CE-4E7A-A1F0-757592FB8389

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 NOV 18 AH 10: 07

TMS SPRINGS, LLC

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

	Caracas Summer States of Suppliers	
The Articles of Organization for this Limited Li Florida document number L21000118462	ability Company were filed on MARCH 22, 2021	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applications	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the n</u> s here:	name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	Cin	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.

DocuSign Envelope ID: 741AC969-21CE-4E7A-A1F0-757592FB8389

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
MGR	CHARLES F. JOHNSON	802 11TH STREET WEST	
		BRADENTON, FLORIDA	■Remove
		34205	
MGR	GARY GEE	3502 33RD AVENUE WEST	
		BRADENTON, FLORIDA	□Remove
		34205	□ Change
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	
			□Remove
			Change
	4		□Add
			□Remove
			Change

11/17/2022	fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated 11/17/2022 Docubigned by: Gary Gar. Docubigned by: Signature of a member or authorized representative of a member	Fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the dis filed. Dated 11/17/2022 Oncousigned by: Gay Gay Dear BBBCO7CD4BE Signature of a member or authorized representative of a member	this block does not meet the applicable statutory filing requirements, this date will not be listed as the the Department of State's records. If the Department of State's records. If the Department of State's records. If the Department of State is records.	<u></u>	
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