LZ1000139447

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	idress)		
(Ci	ty/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bi	usiness Entity Na	me)	
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
		06/03/21	





000363982530

04/16/21--01015--020 **25.00

AND THE LEGISLATION OF A NEW 16 PM 3: 50



Dion Moniz dmoniz@nandfirm.com DIRECT 850 650 0010 / FAX 850 424 5093

April 14, 2021

SENT VIA REGULAR U.S. MAIL

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment to TPM Development, LLC

To Whom It May Concern:

Please find the enclosed cover letter and Articles of Amendment to Articles of Organization of TPM Development, LLC. We have also included check #: 234210 in the amount of \$25.00 for the processing of same.

Please let us know if you have any questions. Thank you.

Jessica Campfield, FRP Paralegal to Dion J. Moniz, Esq. icampfield@handfirm.com

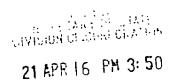
(850) 460-3697

cc: Client

COVER LETTER

TO:	Registration Se Division of Cor			
CHIDIE		ELOPMENT, LLC		
SUBJECT: Name of Limited Liability Company				
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	•
		GEORGE PETER LAMB	, 111	
			Name of Person	
			Firm/Company	
		16 MARTHAS LANE		
			Address	
		SANTA ROSA BEACH,	FL 32459	
			City/State and Zip Code	
		gpl3@comcast.net		
		E-mail address: (to be used for future annual report not	ification)
For furt	her information c	oncerning this matter, please c	all:	
PETER	LAMB		at ()	
Name of Person		Area Code Daytim	te Telephone Number	
Enclose	d is a check for th	ne following amount:		
■ \$ 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)
	Malling Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section corporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



			•
(Name of the Lin	nited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	 -
he Articles of Organization for this Limited	Liability Company were filed o	n <u>03/24/2</u> 021	and assigned
lorida document numberL21000139447	 ,		
his amendment is submitted to amend the fo	illowing:		
a. If amending name, enter the new name	of the limited liability compa	ny here:	
the new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if appl	licable:		
Principal office address MUST BE A STRE	EET ADDRESS)		
			1
nter new maning address, it applicable:			
	E BOX)		
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)		
	registered office address on a	our records, enter the name	of the new registe
Mailing address MAY BE A POST OFFICE If amending the registered agent and/orgent and/or the new registered office addr	registered office address on o		of the new registe
Mailing address MAY BE A POST OFFICE	registered office address on o ress here: HAND ARENDALL HARR	ISON SALE, LLC	of the new regists
Mailing address MAY BE A POST OFFICE If amending the registered agent and/or gent and/or the new registered office addr	registered office address on offices here: HAND ARENDALL HARR 35008 Emerald Coast Pkwy,	ISON SALE, LLC Ste. 500	of the new registe
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office address on offices here: HAND ARENDALL HARR 35008 Emerald Coast Pkwy,	ISON SALE, LLC	

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 21 APR 16 PH 3: 50

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	VINCENT MARIO FRANCO	447 VAN SLYKE COURT	□Add
		RIPON, CA 95366	□ Remove
			■ Change
			□Add
			Remove
		- 	□Add
			□Remove
			□Change
			□Remove
			□Remove
			☐ Change
			□Add
			Remove
			□ Change



imendir 	ng any other information, enter change(s) here: (Attach additional sheets, if necess	EPAPR 16	PM —
			_
			
			_
		 _	
			-
		1	_
			<u> </u>
			_
		 	_
effective te: If the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file date inserted in this block does not meet the applicable statutory filing requirements, this deffective date on the Department of State's records.	ling.) Pursuant to	605.0207 listed as
cord spe s filed.	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day a	ifler the
ed	Apr. 1 10 2021	ı	
-	Signature of a member or authorized representative of a member		-
1	GEORGE PETER LAMB, III		

Filing Fee: \$25.00