

L22000112609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

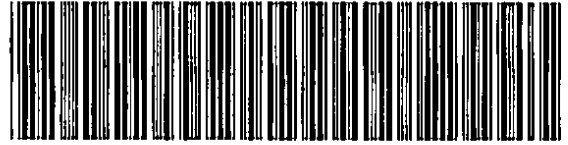
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
JUL 13 2022

Office Use Only



300387141163

05/12/22--01003--004 **25.00

FILED
2022 MAY 12 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FL

SPECIAL RESOLUTIONS OF THE MANAGER

THE UNDERSIGNED, constituting the sole manager on the Board of Managers (the "Manager" or "Board") of **1403 GEORGIA AVE, LLC**, a Florida limited liability company (the "Company"), does hereby approve and consent to the following resolutions and the actions to be taken thereunder:

WHEREAS, the Articles of Organization for the Company were filed and accepted by the State of Florida on March 4, 2022;


WHEREAS, the undersigned finds it in the best interest of the business of the Company to change its name to "TNM RE1 LLC"

NOW, THEREFORE, BE IT RESOLVED, the name of the Company shall be changed to "TNM RE1 LLC" and the Company's Articles of Organization shall be amended accordingly, and

RESOLVED FURTHER, that Michael Kennedy, as authorized representative, is hereby authorized and directed to execute any and all documents and to take any and all actions on behalf of the Company, as he may deem appropriate in order to carry out and give full and proper effect to the foregoing resolutions.

The undersigned Manager hereby directs that these Resolutions be filed with the minutes of proceedings of the Company.

Dated: 05 / 06 / 2022



TROY MALEYKO

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1403 Georgia Ave, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Kennedy

Name of Person

Ingenuity Counsel

Firm/Company

1222 Lesperance Road

Address

Tecumseh, ON N8N 1X5 (Canada)

City/State and Zip Code

mk@ingenuitycounsel.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Kennedy

Name of Person

at (519) 252-3888

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1403 Georgia Ave, 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 Liability Company were filed on March 4, 2022

Florida document number L22000112669

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TNM RE1 LLC

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
2022 MAY 12 AM 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

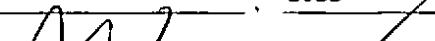
[illegible]

[illegible]

(If an 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 605.0207 (3)(b)

If 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 record is filed.

y 2 _____, 2022



Signature of a member or authorized representative of a member

Michael Kennedy

Michael Kennedy

Typed or printed name of signee