## h22000239369

(Peau	estor's Name)
(Requ	esions Name)
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(City/S	State/Zip/Phone #)
	_
PICK-UP	WAIT MAIL
(Busin	ness Entity Name)
•	, ,
- (Docu	ment Number)
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Cadifical Castas	On the sales of Ohabara
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer:
	J. HORNE
	-
	SEP - 6 2022

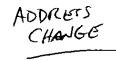
Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co		ì
	in Team LLC	•
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	nondence concerning this matter to the following:	
	David Tomlin	
	Name of Person	1
	The Tomlin Team LLC	
	Firm/Company	
	11102 SW 73rd Court	
	Address	
	Qeala, FL 34476	
	City/State and Zip C Dtomlin427@frontier.com	ode
	E-mail address: (to be used for future an	nual report notification)
For further information	concerning this matter, please call:	
Austin Vealey	352	369-9933
Name	of Person Area Code	) Daytime Telephone Number
Enclosed is a check for	the following amount:	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Certificate of Status ☐ \$600 Filing Certified Copy	y Certificate of Status &

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



The Tomlin Team 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 05/23/2022 and assigned	
Florida document number L22000239369		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	11102 SW 73rd Court	
(Principal office address MUST BE A STREET ADDRESS)	Ocala, FL 34476	
Enter new mailing address, if applicable:	11102 SW 73rd Court	
(Mailing address MAY BE A POST OFFICE BOX)	Ocala, FL 34476	
agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	
If Cha	nging 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>	<u>Name</u>	Address	Type of Action
AMBR	David R. Tomlin	11102 SW 73rd Court	□Add
		Ocala, FL 34476	<b>—</b>
			■Change
AMBR	Denise M. Tomlin	11102 SW 73rd Court	\Add
		Ocala, FL 34476	□Remove
			■Change
			□Add
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n effecti ote: If t	te, if other than the date of filing:
ecord sp is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ted	6/9/2022
	David R Tonlin
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00