

L220004152257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

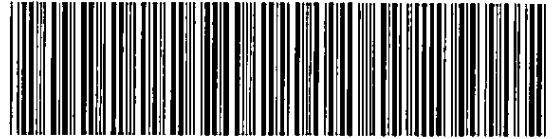
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY 15 2023

Office Use Only



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RECEIVED

2023 MAY 12 AM 11:14

DEPT. OF STATE
TALLAHASSEE, FLORIDA

FILED

2023 MAY 12 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$60.00

AUTHORIZATION SIGNATURE: _____

TMCOMPANYEU LLC L22000452257

BUSINESS (Name)

Document #

☒ **Certified Copy of articles**

☒ **Certificate of Status**

NEW FILINGS

☐ Profit Corp
☐ Not For Profit
☐ **INC.**
☐ Limited Liability

☐ Domestication
☐ Other
☐ **CORP**
☐ LLLP

AMENDMENTS

☒ Amendment
☐ Statement of Fact

☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Conversion
☐ Amended and restated Articles
☐ Statement of Authority

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTILLE ☐ **Country**

REGISTRATION/QUALIFICATIONS

☐ Foreign filing
☐ Limited Partnership
☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

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☐ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TmcompanyEU 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:

Silvana Bandeira

Name of Person

TmcompanyEU LLC

Firm/Company

8700 Astronauts boulevard suite #133

Address

Cape Canaveral FL 32920

City/State and Zip Code

Tmcompanyeu@gmail.com

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

For further information concerning this matter, please call:

Silvana Bandeira

Name of Person

at (321) 290-6567

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

TmcompanyEU 2023 MAY 12 AM 9:22

FILED

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

Oct/15/22

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L22000452257.

This amendment is submitted to amend the following:

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

Tmcompany 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)

221 W Hibiscus Blvd,

Suite PMB#440, Melbourne FL 32901

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8700 Astronaut Blvd suite #133,

Cape Canaveral, FL 32920

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:

Silvana Bandeira

New Registered Office Address:

8700 Astronaut Blvd, suite #133

Enter Florida street address

Cape Canaveral, Florida 32920

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

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>	<u>Address</u>	<u>Type of Act</u>
Ambr	Silvana Bandeira	8700 Astronaut Blvd suite #133 Cape Canaveral Fl 32920	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
Ambr	Caesar Pinedo	8700 Astronaut Blvd suite #133 Cape Canaveral Fl 32920	<input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: April 23/2023 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated May 11/2023;



Signature of a member or authorized representative of a member

Silvana Bandeira
Typed or printed name of signee