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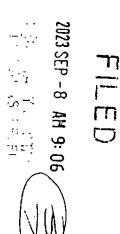
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(Business Entity Name)	
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COVER LETTER

	i		COVEREDIT		
	gistration Se ision of Cor	ction			
	TNM PROI	PERTIES, LLC			
SUBJECT:			ited Liability Company	_	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ndence concerning this matter	to the following:		
		N. MICHAEL KOUSKOU	JTIS		
			Name of Person		
		N. MICHAEL KOUSKOU	JTIS, P.A.		
			Firm/Company		
		623 E. TARPON AVENU	Е		
			Address		
		TARPON SPRINGS, FL	34686		
			City/State and Zip Co	de	
		NMK@NMKLAW.COM	to be used for future ann	al conset astification)	
For further i	nformation e	oncerning this matter, please co		iai (eport notification)	
				012 2/21	
N. MICHAI		OUTIS, ESQ.	at ()	942-3631	
	Name of	f Person	Area Code	Daytime Telephor	ne Number
Enclosed is a	a check for th	ne following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy (additional copy is		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres gistration S			Address: stration Section	
Di	vision of C	orporations	Divis	ion of Corporation	
	D. Box 632			Centre of Tallahas:	
I a	Hahassee, I	L 04314	2415	N. Monroe Street.	, buile and

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNM PROPERTIES, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000355750	were filed on July 28, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabia	lity Company," the designation "LLC" o	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 agent and/or the new registered office address here:	address on our records, <u>enter th</u>	S S S S S S S S S S S S S S S S S S S
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ee to act in this capacity. I furth	her 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>	Type of Action
Mgr	Michael Paneson, Jr.	13130 Sherman Drive, Hudson, FL 34667	□Add
			Remove
		· - · · · · · · · · · · · · · · · · · ·	
Mgr	Theodore M. Paneson, Jr.	13130 Sherman Drive, Hudson, FL 34667	= Add
			□Remove
			□ Change
 		<u> </u>	□Add
			□Remove
			□Change
			JAdd
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d is filed.						
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Mailed falas	l is filed.					
Signature of a member or authorized representative of a member			2023			
		Maile P.		-		

Filing Fee: \$25.00