23000422762

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Account#: I20000000088

Date:10	/17/2023	
Name:	Xavian Brown	
Reference #:	2152272	
Entity Name:	TMAM FI	orida Holdings LLC
☐ Articles o	of Incorporation/Authorizat	ion to Transact Business
✓ Amendm	ent	
Change of	of Agent	
Reinstate	ement	
☐ Conversi	on	
Merger		
Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount: \$25.00	
Signature:	×Pm-	

F: 800.944.6607

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

	Registration Solvision of Co.			
SUBJEC	TMAM FR	orida Holdings LLC		
SUBJEC	.l	Name of Lim	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	tum all correspo	ondence concerning this matter	to the following:	
		Matt Melnick		
		Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Matt Melnick Name of Person TM Associates Management, Inc. Firm/Company 1375 Plecard Drive, Suite 150 Address Rockville, Maryland 20850 City/State and Zip Code MMelnick@tmamgroup.com E-mail address: (to be used for future annual report notification) Incerning this matter, please call: Person at (301 240.683.0300 X220 Area Code Daytime Telephone Number c following amount: S30.00 Filing Fee & Certificate of Status Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Registration Section		
		TM Associates Manageme	ent, Inc.	Daytime Telephone Number Sologo Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Idress: ation Section
			Firm/Company	
		1375 Plecard Drive, Suite	Name of Limited Liability Company ee(s) are submitted for filing. g this matter to the following: Name of Person s Management, Inc. Firm/Company Drive, Suite 150 Address ryland 20850 City/State and Zip Code amgroup.com tatl address: (to be used for future annual report notification) ter, please call: at (
			Address	
		Rockville, Maryland 2085	60	
			City/State and Zip Code	c
		_		N senast notification)
For furth	er information o			r report notification)
Matt Mc		,	301 24	40.683.0300 X220
	Name o	of Person	at () Area Code	Daytime Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres Registration S			
	Division of C		_	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2023 OCT 17 AM 8: 35

TMAM Florida Holdings LLC (Name of the Limited Liability Company as it now appears on our records.) IALLAH
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/08/2023 ____ and assigned Florida document number L23000422762 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TMAM of Florida 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

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Mon M	
MGR = Manager	

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Change
			□Add
			□ Remove
			□ Change
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(If an effe Note:	we date, if other than the ctive date is listed, the date mus if the date inserted in this blant's effective date on the Dent's effective date on the	t be specific and can ock does not meet	the applicable st	of filing or more tha tatutory filing requ	(option n 90 days after fil irements, this d	ng.) Pursuant	to 605.0207 (i be listed as th
ne record ord is file	specifies a delayed effectived.	: date, but not an o	effective time, at	12:01 a.m. on the	earlier of: (b)	The 90th day	y after the
Dated .	October 9, 2023		···································				
		\mathcal{M}	att Mel	u <i>é.</i>			
	•	Signature of a mem	ber or authorized	representative of a m	ember		_

Filing Fee: \$25.00