

Office Use Only



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03/01/24--01028--007 \*\*60.00



## **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT:		shville, LLC.	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Todd	M. Bernstein Name of Person	· · · · · · · · · · · · · · · · · · ·
	<del></del>	Firm/Company	
	9388 Boc	ra Gardens Pkwy Address	1., Apt. B
	Boca Ra-	ton, FL. 33496 City/State and Zip Code	<del></del>
	toddhei	rnstein@yahoo. to be used for future annual report notifi	Com cation)
For further information cor	ncerning this matter, please ca	•	,
Todd M. I	Bernstein	at ( 561 ) 400 - Area Code Daytime	2209
Name of F	'erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☐ \$25.00 Filing Fec	□ \$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)

Edailing 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

TMB Nashville,	LLC,
Name of the Limited Liability Company as it n (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were fill Florida document number <u>L24000025738</u> .	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	npany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	any," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	202)
	H 7
	1
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered office address	on our records, enter the name of the new registere
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 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.

City

Zip Code

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
MGR	Andrea Deoliveira	10487 Mateo Ct.	<b>_X</b> Add
		10487 Mateo Ct. Boca Raton, FL	Remove
			□Change
	<del></del>		□Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change
<del></del>			□Add
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<del> </del>			🗀 Add
			□Remove
			⊡Change

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	<del> </del>
neffectiv <u>te:</u> If t	date, if other than the date of filing:
Glad	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
eà	February 7, 2024
	Signature of a member or authorized representative of a member
	organistic of a memory of authorized representative of a memory