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(Req	uestor's Name)	_
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Certified Copies	Certificates	of Status
		
Special Instructions to Fi	ling Officer:	





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	Section orporations .		
SUBJECT:	TMCF Service	es LLC	
30b3EC1.		ted Liability Company	i i
The enclosed Articles of	of Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		Mais Freitas	2
	TM	CF Services	LLC
	16054	Bayou Crest	X
	Nin	Los Gardon, F City/State and Zip Code ali becker	counting com
For further information	E-mail address (t	o be used for future annual report no ill:	tification)
Rebeca	Pinheiro	an (407) 75	5-8810
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the following amount:		\parallel
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registratior	Section	<u>Street Address:</u> Registration S	
	Corporations	Division of Co	•
P.O. Box 63 Tallahassee		The Centre of 2415 N. Monr	oe Street, Suite 810
	,		

Tallahassee, FL 32303

. COVER LETTER

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TMC	F Services LLC	
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Li Florida document number <u>L2+0007</u>	ability Company were filed on 02/07/3	1024 and assigned
Florida document number <u>FFF (000 4)</u>	<u> </u>	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	<u> </u>
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, enter the	name of the new register
Numa of Nav Dagiotariad Againt		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	City	Zip Code
New Registered Agent's Signature, if changing R	·	
provisions of all statutes relative to the prope accept the obligations of my position as regis	d agent and agree to act in this capacity. I further and complete performance of my duties, and stered agent as provided for in Chapter 605, F.S. registered office address, I hereby confirm that change.	am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of N	ew Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address or removed from our records:		of each person being add	
MGR = Manager AMBR = Authorized Member			
Title	<u>Name</u>	Address	Type of Action
MGR	Thais Martins Correa	Freitas	│ │ │
			□Remove
		please add full nam	₩ Change
*****			│ │ │ │
			Remove
			☐ Change
			□Add
			∏ □Remove
			☐ Change
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			☐ Remove
			☐ Change
			□Add
			∏ □ Remove
			☐ Change
			∏ □Remove
			☐ Change

	D. If amending any other information, enter change(s) here: (Attach additional sheets, if nece	 ssary.)
(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)(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.		1
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	
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