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1024 APP 15 PH 4:51

COVER LETTER

TRM DENTA	
	ALS HOMES LLC
SUBJECT:	Name of Limited Liability Company
m lood Artista of A	Amendment and fee(s) are submitted for filing.
	ndence concerning this matter to the following:
	Theodis FULMORE
	Name of Person
	Firm/Company
	5100 W COPANS RD UNIT 300 Address
	MARGATE FL 33063
	City/State and Zip Code 3STEPTHERAPY@GMAIL.COM E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
THEODIS FULMORE	954 8253317 at ()
Name of Pe	rson Area Code Daytime Telephone Number
nclosed is a check for the fo	\$30.00 Filing Fee & S60.00 Filing Fee.
	Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Malling Address: 11	ion and the second of the seco
m _a ya <u>likan</u> was	เลยสารแบบ (ค.ศ. 14) (ค.ศ. 14) เมลิสัญ (ค.ศ. 14) เ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

T&M RENTALS HOMES LLC (Name of the Limited Liability Company of the Liability Company	ns it now appears on our records.)
(A Florida Limited Liab	ulity Company)
	Glad on March 07, 2024 and assigned
he Articles of Organization for this Limited Liability Company we	ete thed on
lorida document number 1.24000116106	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	ty company here:
T&M RENTAL HOMES L.L.C	"the designation "LLC" or the abbreviation "L.L.C."
T&M RENTAL HOMES L.L.C The new name must be distinguishable and contain the words "Limited Liability	y Company, the designment
Enter new principal offices address, if applicable:	2124
(Principal office address MUST BE A STREET ADDRESS)	
	 ਰ ਕ)
	— Сп
Enter new mailing address, if applicable:	
_	
(Mailing address MAY BE A POST OFFICE BOX)	
	·
B. If amending the registered agent and/or registered office a	address on our records, enter the name of the new registe
B. If amending the registered agent and/or registered office address here:	<u></u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Office Address	
New Registered Office Address:	Enter Florida street address
Die Ser *	· Florida
	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.

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E. Effective date, if other (If an effective date is listed, the Note: If the date inserted document's effective date	in this block does I	iot meet the applica	ble statutory filing req	(optional) an 90 days after filing.) Pursu uirements, this date will no	ant to 605.0207 (3 of be listed as th
f the record specifies a delayed record is filed.	f effective date, but	not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) The 90th	day uiler the
Dated MARCH 12		2024	_·		
	Signature of	a member or author	ized representative of	i member	_

Filing Fee: \$25.00