

L24000432652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

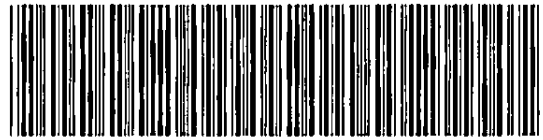
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
DEC 17 2024

J. HORNE

Office Use Only



400439820954

11/20/24--01018--005 **25.00

FILED
2024 NOV 20 PM 12:46
SECRETARY OF STATE
HARRISBURG, PA 17103



ADAMS•HEMINGWAY

ADAMS•HEMINGWAY•WILSON•RUTLEDGE•LLC

EST. 1956

REBECCA L. JONES

EMAIL: rebecca.jones@adamshemingway.com

DIRECT LINE: 478-254-4976

November 19, 2024

VIA UPS OVERNIGHT DELIVERY

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Ste 810
Tallahassee, FL 32303

RE: Articles of Amendment for TSI Holdings, LLC
Name Change to TSI Business Holdings, LLC
Document No.: L24000432652

Dear Registration Section:

Enclosed you will find Articles of Amendment for the above-referenced entity along with a check in the amount of \$25 for the filing fees.

Please receipt stamp the duplicate of this document and return it to me in the envelope provided herein.

Don't hesitate to reach out to me directly if anything further is needed to process this filing.

With warmest personal regards, I am

Sincerely yours,



REBECCA L. JONES

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TSI Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey M. Rutledge

Name of Person

Adams, Hemingway, Wilson & Rutledge, LLC

Firm/Company

PO Box 1956

Address

Macon, GA 31202

City/State and Zip Code

rebecca.jones@adamshemingway.com; nealg@adaptigent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Jones (Paralegal, Adams, Hemingway, Wilson & Rutledge) 478 254-4976

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing 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

FILED
2024 NOV 20 PM 12:46
STATE OF FLORIDA

TSI Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/8/2024 and assigned
Florida document number L24000432652.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TSI Business Holdings, 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

City, Florida

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.

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

[illegible]

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.

Dated October 29, 2024

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

COPY

TO: Registration Section
Division of Corporations

SUBJECT: TSI Holdings, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey M. Rutledge

Name of Person

Adams, Hemingway, Wilson & Rutledge, LLC

Firm/Company

PO Box 1956

Address

Macon, GA 31202

City/State and Zip Code

rebecca.jones@adamshemingway.com; nealg@adaptigent.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca Jones (Paralegal, Adams, Hemingway, Wilson & Rutledge) 478 254-4976

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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)

Mailing 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

FILED
2024 NOV 20 PM 12:46
CLERK OF DISTRICT COURT
FLORIDA

TSI Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/8/2024 and assigned
Florida document number 1.24000432652.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TSI Business Holdings, 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

City

Florida

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.

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

[illegible]

[illegible]

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.

Dated October 29, 2024

Signed by: Joseph Neal Garrean

Signature of a member or authorized representative of a member

Joseph Neal Ganem, Manager

Typed or printed name of signee

Filing Fee: \$25.00