40000 055 761

(Requ	estor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



200332897192

SECRETARIA SEPERATURA TALLARAS SEPERATURA SE

SEP () 3 **2019** C Kinso

COVER LETTER

TO: Registration Division of C			
Spyder & SUBJECT:	Friends, LLC		
3003EC1;	Name of Lin	ited Liability Company	
The enclosed Articles (of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Nicole Oliver		
	The Private Client Law Gr	Name of Person roup	
	75 14th Street NE, Suite 2.	Firm/Company 200	
	Atlanta, GA 30309	Address	
	noliver@tpclg.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
for further information	concerning this matter, please concerning the concerning this matter than the concerning the co	aff:	
Name	of Person	at () Area Code Daytin	ne Telephone Number
inclosed 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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)		
	's on our records.)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{5/2}{2}$.4/2010	and assign
Florida document number 1.10000055761		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company he	ere:	
TF Cabin, LLC		
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abb	reviation "L.L.C
Enter new principal offices address, if applicable:		<u>း</u> 20
Principal office address MUST BE A STREET ADDRESS)		019 A
	A A	A
	AS:	ω <u>Γ</u>
Enter new mailing address, if applicable:	60 cm c tm c 50 cm	
Mailing address MAY BE A POST OFFICE BOX)	्रा 	 %
	!	~

If Changing Registered Agent, Signature of New 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Add
		□ Remove	
			☐ Change
			□ Add
		□ Remove	
			Change
			□ Add
			□ Remove
		<u> </u>	Change
			□ Remove
		Change	
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change

Note:	tive date, if other than the date of filing:
e re The	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier ϵ 90th day after the record is filed.
Dated	8/20/19
- 4.00	
	Signature of a member or authorized representative of a member