## #1 11000100578

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EXAMINER SEP 26 2011

## **COVER LETTER**

TO:	Registration Se Division of Co				
SUBJECT: TFE INVESTMENTS, LLC					
	***************************************		nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are su	ubmitted for filing.		
Please	return all correspo	ondence concerning this matte	er to the following:		
		w	WENDY CHELIOUDAKIS		
			Name of Person		
TFE INVESTMENTS, LLC				c	
			Firm/Company		
	10150NW 47TH STREET		Т		
			Address		
		SU	NRISE, FLORIDA 333	51	
City/State and Zip Code		<b>V</b> •			
		TFEINVE E-mail address:	STMENTSLLC@GMA (to be used for future annual repo	JL.COM ort notification)	
For furt	ther information o	concerning this matter, please	•	,	
		CHELIOUDAKIS	at ( 954 )	572-2786	
	Name o	f Person	Area Code &	Daytime Telephone Number	
Enclose	ed is a check for ti	he following amount:			
\$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certificate of Status & Certified Copy (additional copy is enclosed)	
		ING ADDRESS:		OURIER ADDRESS:	
	Divisio	ration Section on of Corporations ox 6327	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 SEP 23 PM 1: 94

		IALL.	ALLASSEE, FLORIDA
TFE IN	<u>VESTMENS, LLC</u>		ALURIDA
(Name of the Limited Liability (A Florida L	Company as it now appear imited Liability Company)	s on our records.)	
,	• • • • • • • • • • • • • • • • • • • •		
The Articles of Organization for this Limited Liability Co	ompany were filed on	8/30/2011	and assigned
Florida document number L11000100578	_ <b>.</b>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	e:	
	ESTMENTS, LLC	-	
The new name must be distinguishable and end with the word "L.L.C."		ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:	<del> </del>		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
	<del></del>	<del> </del>	
B. If amending the registered agent and/or registe	ered office address on o	ur records enter :	the name of the new
registered agent and/or the new registered office addr		ui iccoids, <u>circi</u>	ine name or the new
Name of New Registered Agent:			
New Registered Office Address:			
	Ent	er Florida street ada	Iress
<u></u>		, Florida	<del></del>
	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	GRIGORE LAZAR	1830 SOUTH OCEAN DRIVE APARTMENT #3812 HALLANDALE BEACH, FL 33009	✓ Add Remove		
MGRM	MARIOARA LAZAR	1830 SOUTH OCEAN DRIVE APARTMENT #3812 HALLANDALE BEACH, FL33009	✓ Add ☐ Remove		
			Add Remove		
			Add		
			Add Remove		
			AddRemove		
D. If amen	iding any other information, e	nter change(s) here: (Attach additional sheets, if neces.	sary.)		
<del></del>					
Dated	SEPTEMBER 22				
	Weadys Chi ace De				
	Signature o	of a member or authorized representative of a member	٠,.		
	<del></del>	WENDY CHELIOUDAKIS Typed or printed name of signee	<del></del>		

Page 2 of 2

Filing Fee: \$25.00