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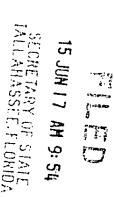
(1	Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
. (Business Entity Name)	· · · ·
(Document Number)	
Certified Copies Certificates of Status		
Special Instructions	to Filing Officer:	

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JUN 18 2015 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corβor	n ations		
SUBJECT: TNE Home Investments ((C) Name of Limited Liability Company			
The enclosed Articles of Am Please return all corresponde	•	_	
Please return an corresponde	nce concerning this matter to	o the following.	
	Elleen	Csall ner Name of Person	
	TNE	Home Invest	ments LLC
	6010 Car	non Aue	
	Cocoa	City/State and Zip Code	
		City/State and Zip Code	
_	eileen.	CSallner gmall be used for future annual report notificat	·com·
			ion)
For further information conc	erning this matter, please call	I:	
Eileen (Sallner	at (331) 303 Area Code Daytime Te	1335
Name of Pe	rson	Area Code Daytime Te	lephone Number
Enclosed is a check for the fo	ollowing amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
Na.	Certificate of Status	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TNE Home	Investments LCC
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con	npany were filed on 5-33-30K and assigned
Florida document number L 15 000091	010
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	d liability company here:
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>SSS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the ne
registered agent and or the new registered office address	<u> </u>
Name of New Registered Agent:	S CREET STATE OF THE STATE OF T
New Registered Office Address:	SO S
	Enter Florida street address
	City Florida City Zin Code
New Registered Agent's Signature, if changing Registered A	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>		Address / Loo Status	Type of Action
+mDR	Integra	Realty Investr	nents / Med Gord MA	02955 BADD
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Effecti	ve date, if other than the date of filing:	(optional)	11 457 11		
Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more that if the date inserted in this block does not meet the applicable statutory filing requent's effective date on the Department of State's records.				
	ord specifies a delayed effective date, but not an effective time, 90th day after the record is filed.	at 12:01 a.m. c	n the e	earlier o	of:
Dated_	6/10, 2015. Ellen Glallner				
	Elon Glallner				
	Signature of a member or authorized representative of a m	ember			
	Eileen Csallner				

Page 3 of 3

Filing Fee: \$25.00