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SECRETARY OF STATE
TALL AHASSEF, FLORID.

J. BRYAN

MAY - 1 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TGH INVESTMENTS, LCC (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:
Gerry D. Minear (Name of Person)
TBH INVESTMENT Properties LLC PS 37 TO STORY (Firm/Company) 3505 Tarpon Woods Blvd #Q408 (Address) Calm Harbor FL 34685 (City/State and Zip Code)
2505 Tarpon Woods Blvd #Q408 Calm Harbor FL 34685 (City/State and Zip Code)
Palm Harbor FL 34685 (City/State and Zip Code)
For further information concerning this matter, please call:
Gerry D Mine at (727) 185 - 8069 (Name of Person) at (727) 185 - 8069 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\times \text{Certified Copy (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

TGH Investmen	ts UC
(Name of the Limited Liability Compar (A Florida Limited L	
	, , 2'
The Articles of Organization for this Limited Liability Company	were filed on Od 10 1 12002 and assigned
Florida document number <u>L 0200002540</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
TGH Investment Propert	is he
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	# Q 408
(Principal office address MUST BE A STREET ADDRESS)	
	Palm Harbor FL 34685
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3505 Tarpon Woods Blvd #Q408 Palm Harbor FL 34685
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	(Enter Florida street address) (City) Minear # Q 408 (Enter Florida street address) (Zip Code)
New Registered Office Address: 3505	Tarpon Woods BIVD # Q408
Polm	(Enter Florida street address)
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:	•
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p	lete perform u nce o f my duties, and I am fam ili ar with and

Page 1 of 2

(If Changing Registered Agent, Signature

being filed to merely reflect a change in the registered office address, I hereby confirm that the lighted liability

company has been notified in writing of this change.

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>:

Title	Managing Member <u>Name</u>	Address	Type of Action
MAHAT.			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, ente	r change(s) here: (Attach additional sheets, if necessary	O9 APR
 Dated	······································	D: 0 M	30 PM 3: 53 ARY OF STATE ASSEE FLORIDA
	Signature of a	member of authorized representative of a member White the state of th	

Page 2 of 2

Filing Fee: \$25.00