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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Nov+hwest Fifteenth Ave, 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:	
merane maldonado Name of Person	
TiG CONSTVUCTOVS Finn/Company	
8348 NW 56 St Address	
Doval FL 32166 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Melanie maldonado at 1305) 389-1113 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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 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

Northwest File Ave 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 <u>05 20 2002</u> and assign	ed

Florida document number LO200012854		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company her	<u>c</u> :
TEG Pacidontial	1 /	
TEG Residential L The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NW 56 6+
(Principal office address MUST BE A STREET ADDRESS)	Doral,	FL 33166
		20
Enter new mailing address, if applicable:	8348	NW 5658
(Mailing address MAY BE A POST OFFICE BOX)	Doral	TL 33166
·		- FO
		ent to the second secon
B. If amending the registered agent and/or registered office	address on our rec	ords, enter the name of the new registered
agent and/or the new registered office address here:		nar H
Name of New Registered Agent:		
New Projection J Office Addition		
New Registered Office Address:	Enter Florid	la street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	- <i>p</i>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete		
accept the obligations of my position as registered agent as p		
being filed to merely reflect a change in the registered office		
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	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change
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			□Remove

				
				
			 	
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic cument's effective date on the Department of State's records	cable statutory	or more than 90 da		
ecord specifies a delayed effective date, but not an effective t is filed.	time, at 12:01	a.m. on the carlie	r of: (b) The 90t	h day after tl
ted Feb 16 / 202	<u>Z</u> .			

Filing Fee: \$25.00