## L03000005532

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	<del>;</del> #)
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J. BRYAN

NOV 14 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co			; ·		
SUBJECT:	TFC De	evelopment, LC			
		ited Liability Company		_	
The enclosed Articles o	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	oondence concerning this matte	r to the following:			
		Adele V. Stones			
		Name of Person		_	
		Stones & Cardenas		では、	
		Firm/Company		TEGE IN THE	77
		221 Simonton Street		2012 HOV 13 SECRETARY TALLAHASS	ILED
		Address		- STEE	M
	]	Key West, FL 33040		AM 8: 31	U
		City/State and Zip Code		8: 31 LORIDA	
		cindy@keyslaw.net		ア -	
		to be used for future annual report	notification)		
For further information	concerning this matter, please of	call:			
	lele V. Stones	at (_305_)	294-0252		
Name	of Person	Area Code & Da	ytime Telephone Numl	ber	
Enclosed 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)	Certifi osed) Certifi	Filing Fee, icate of Status & ied Copy ional copy is enclo	osed)

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

(Name of the Limited Liability Company as it (A Florida Limited Liability	now app	com on our records )		
	/ Company	y)		
The Articles of Organization for this Limited Liability Company were f	filed on _	February 13, 2003	and assi	igned
Florida document numberL0300005532				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	ompany l	<u>iere</u> :		
TFC Development,				
The new name must be distinguishable and end with the words "Limited Lial "L.L.C."	bility Con	npany," the designation "Ll	LC" or the a	bbreviatio
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		TAY.	3 3	
			2 NOV	
		HAS	- <del>-</del> ω	
Enter new mailing address, if applicable:			-C	<u>m</u> _
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	OF SO	
<del></del>		<u> </u>	من المنازة	
		Z.	) — in	G .1
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ddress o	n our records, <u>enter th</u>	<u>ie name o</u>	the nev
Name of New Registered Agent:				
Naw Banistanad Office Addresss				
New Registered Office Address:		Enter Florida street addr	ess	
		. Florida		
City		, I toliga	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = N	nager Nanaging Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
<del></del>			Add Remove
	,		Add Remove
	·		Add Remove
<del></del>	<del></del>		Add Remove
D. If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary)	
  Dated		•	<u></u>
		er or authorized representative of a member  James A. Nichols	
	Туре	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00