L04000089705

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

Office Use Only



300118293603

02/25/08--01019--031 ++25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

08 FFR 25 PM 2: 51

T. HAMPTON

FEB 2 6 2008

EXAMINER

COVER LETTER

Division of Corporations	
SUBJECT: REBECCA F. EMM	MONS, ESQ.
SUBJECT:	(Name of Limited Liability Company)
The enclosed Articles of Amendment	and fee(s) are submitted for filing.
Please return all correspondence conce	erning this matter to the following:
REBEC	CA F. EMMONS, ESQ.
	(Name of Person)
STEWA	ART & EVANS, P.A. (Firm/Company)
	(Turis company)
<u>3355 O</u>	CEAN DRIVE (Address)
	(Control of the control of the contr
<u>VERO</u>	BEACH, FL 32963 (City/State and Zip Code)
	(ζ
For further information concerning thi	s matter, please call:
REBECCA F. EMMONS, ES	Q. at (772) 231-3500
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following	
	Filing Fee & \$\ \bigspace \text{\$\subseteq}\$\$\ \text{S55.00 Filing Fee & }\ \text{S60.00 Filing Fee, }\ \text{Certificate of Status & }\ \text{Certificate of Status & }\ \text{Certified Copy }\ \text{(additional copy is enclosed)}\ \end{additional copy is enclosed}\ additional copy is enclo
MAILING ADDRI Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	Registration Section tions Division of Corporations Clifton Building

ter also de gry



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

T PLUS T, 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 Liab	bility Company were filed on Dec. 10, 2004	and assigned
Florida document number <u>L04000089705</u>	·	
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and end with (L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office	-	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida street address)	
	, Flor	rida
·	(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)

	iding the Managers or Managing Membaging Membaging Member being added or removed	pers on our records, <u>enter the title, name, and addre</u> from our records:	ess of each Manager			
MGR = Manager MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
	_		Add Remove			
	_		Add Remove			
			Add Remove			
	,		Add Remove			
			Add Remove			
			Add Remove			
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)						
The first sentence of Article VI - Management, shall be amended to read as						
	· · · · · · · · · · · · · · · · · · ·	pany shall be managed by the following	80			
		nber." All other aspects of Article VI shall	SECRET VISION O			
	remain unchanged.					
Dated _	Gutrude	008 O Jerry	ED OF STATE ORPORATIONS PM 2: 52			
	Signature of a mer Gertrude C. Terry, President	mber or authorized representative of a member	 ,			
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00