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D. BRUCE

NOV 5 2009

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: TT Properties, 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:

Brooke Trowbridge  
Name of Person

TT Properties, LLC.  
Firm/Company

1226 Shorecrest Circle  
Address

Clermont, FL 34711  
City/State and Zip Code

rt11958@earthlink.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brooke Trowbridge at ( 352 ) 516-9781  
Name of Person Area Code & Daytime Telephone Number

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)      ☐ \$60.00 Filing Fee, Certificate of Status & 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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

TT Properties, 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 January 4, 2005 and assigned  
Florida document number L05000003097.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

1226 Shorecrest Circle

Clermont, Fl. 34711

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Brooke Trowbridge

New Registered Office Address:

1226 Shorecrest Circle

*Enter Florida street address*

Clermont

Florida

34711

*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.*

Brooke Trowbridge  
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 = Manager

MGRM = Managing Member

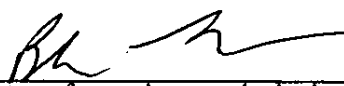
| <u>Title</u> | <u>Name</u>          | <u>Address</u>                               | <u>Type of Action</u>                                                      |
|--------------|----------------------|----------------------------------------------|----------------------------------------------------------------------------|
| MGR          | Steven C. Trowbridge | 1226 Shorecrest Circle<br>Clermont, FL 34711 | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
| MGR          | Brooke Trowbridge    | 1226 Shorecrest Circle<br>Clermont, FL 34711 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|              |                      |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                      |                                              | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 TALLAHASSEE, FLORIDA

Dated October 21, 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Blaine Thompson  
 \_\_\_\_\_  
 Typed or printed name of signee