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EXAMINER

COVER LETTER

TO: Registration Se Division of Cor						
suвјест: <u>Tyler H</u>						Đ
	(Name of Lim	ited Liability Company)				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Robert J Benson					
		(Name of Person)				
		(Firm/Company)	***			
	P.O. Box 780245					
		(Address)	_			
	Orlando, FL 32878				-	
		(City/State and Zip Code)				gan ji leng
For further information of	concerning this matter, please c	all:			JUL 21	Townsen
Robert J Benson		at (407) 782-1069		r i mp	725	-
(Name	of Person) he following amount:	(Area Code & Daytime T	elephone Number)	TO THE	M 12: 35	ر یا در این
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified C (additional	of Statu Copy		ed)

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

Tyler Holdings, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our record ted Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/02/2005	and assigned
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 "L.L.C."		ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		See See See
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	PH P
Enter new mailing address, if applicable:		が 公 の の
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida str	reet address)
<u></u>	, Flor	ida
	(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 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>:

MGR = Manager

MGRM = Managing Member

Title <u>Name</u> **Address Type of Action** MGRM Orange Group Investments, Inc. _ Add 2433 Sherbrooke Road Winter Park, FL 32792 ■ Remove FBN Investments, LLC MGRM P.O. Box 291579 **∄** ✓ Add Port Orange, FL 32129 Remove ₫ Add Remove ☐ Add Remove ___Add 150 1714.... Remove PALKO. 72 DĎA T Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 07-17 Dated _ Signature of a member or authorized representative of a member Robert J Benson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00