## L05000107972

Office Use Only



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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: T Street LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Ernesto Granda (Name of Person)  J Street LLC (Firm/Company)  2719 Palmarita Rd (Address)  West Palm Brach, FL (City/State and Zip Code)	33406	2008 NOV 10 PM 4: 38 SECRETARY OF STATE TALLAHASSEE, FLORIDA
For further information concerning this matter, please call:		
Emesto Granda at (56) 385.9565 (Name of Person) (Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
	☐ \$55 Filing Fee & Certified Copy	

FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our records,)
The Articles of Organization for this Limited Liability Company Florida document number 105000 107972	11/7/2006-1 2
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ORI :3
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Ernesto Granda 2719 Palmarita Rd. West Palm Beach, FL 33406
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Ernesto Granda 2719 Palmarita Rd. West Palm Beach, FL 33406
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new
Name of New Registered Agent: EYY  New Registered Office Address: 2719	Palmarita Rd. (Enter Florida street address)
West f	alm Beach, Florida 33406

## 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

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 Title Title **Type of Action** <u>Address</u> <u>Name</u> Tracie M. Cook ■ Add Remove 🗂 Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member drized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00