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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: TFI Realty Group 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:						
Jill Fitzgerald Name of Person						
JFI Neaty Firm/Company						
3222 Kirl Stiget						
City/State and Zip Code Fits Scrald Down (on E-mail address: probe used for future andual report notification)						
For further information concerning this matter, please call:						
Name of Person at (305) 333-8671 Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee \$\times \text{ Certificate of Status} \text{ S55.00 Filing Fee & Certificate of Status} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$\text{ S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \$\text{ Certified Copy (additional copy is enclosed)} \$ Certified Copy (additional copy i						

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability (A Florida	ty Company as It how a Limited Liability Com	Appears on our records.)	H 3: 10
The Articles of Organization for this Limited Liability C		on <u>3-1-2006</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability compa	any here:	
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on	our records, enter the nar	ne of the new registered
Name of New Registered Agent:			· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	En	nter Florida street address	
	City	, Florida	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member		Washington and the second	
<u>Title</u>	<u>Name</u>	Address 21 007 21 PH 3: 10	Type of Action
Manager	LuAnn Graham	3690 St Gawdens	DAdd
		Miam FL 33133	□Remove
			Change
AMBR	Jill Fitzgeral)	3222 Kirk stree	t DAdd
	Migni FL 33173	□Remove	
			Change
			DAdd
			□Remove
			□Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			□Change