

LOG 0000 28544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

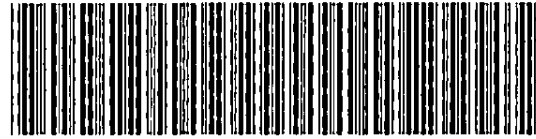
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400352188964

RECEIVED

SEP 28 2020

09/29/20--01014--035 **170.00

FILED
2020 SEP 28 PM 6:45
CLERK OF SUPERIOR COURT
STATE OF MICHIGAN
LANSING

NOV 04 2020

S. YOUNG

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: TP INVESTMENT GROUP, LLC
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

KENNETH NAHMAN, CFO
Name of Person
TP INVESTMENT GROUP, LLC
Firm/Company
2909 S ANDREWS AVENUE
Address
FORT LAUDERDALE, FL 33316
City/State and Zip Code
KEN.NAHMAN@KENWORTHSF.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KENNETH NAHMAN at (954) 523-5484
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 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**

TP INVESTMENT GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP 28 PM 6:45
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

Articles of Organization for this Limited Liability Company were filed on 03/17/2006 and assigned
file number L06000028544

As amendment is submitted to amend the following:

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

new name must be distinguishable and contain 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 _____

Enter new mailing address, if applicable: _____
Mailing address MAY BE A POST OFFICE BOX _____

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: _____

New Registered Office Address: _____
Enter Florida street address
_____, **Florida** _____
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 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

ending Authorized Person(s) authorized to manage. enter the title, name, and address of each person being added
moved from our records:

R = Manager

3R = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
R	ERIC V. JOHNS	2909 S ANDREWS AVENUE	<input checked="" type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	ROBERT J. DOLLAR	2909 S ANDREWS AVENUE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
3R	JOSEPH DEMARIA	2909 S ANDREWS AVENUE	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33316	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

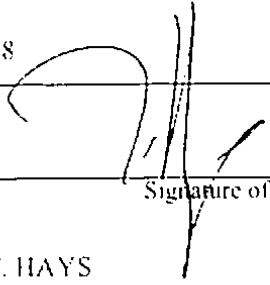
[amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

Effective date, if other than the date of filing: 09/18/2020 (optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated SEPTEMBER 18 2020



Signature of a member or authorized representative of a member

ROBERT T. HAYS

Typed or printed name of signee