## L06000636/2

(Re	questor's Name)	
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. (Do	cument Number)	<u>.</u>
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Amendment LO6-63612 25.00FF

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## COVER LETTER

LOG-63612

TO: Registration So Division of Con	fection Prporations	
SUBJECT: TG	1+C#2 LLC	·
SUBJECT: 7 0	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspond	condence concerning this matter to the following:	
	Judy Doyle Name of Person	
	Name of Person	
	Tova LCC Firm/Company	
	2020 NW 50 Ed Street #4-1	
	Mian, Je 33/66 City/State and Zip Code	
	doyle froms & aol. Com  E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	
Judy L	Oryle at (305): 215-0101 of Person Area Code & Daytime Telephone Number	
, ,		
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

O	F S S T
Name of the Limited Liability Compa (A Florida Limited I	5 1
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 6/22/2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	oility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	ited Liability Company," the designation "LLC" or the abbreviation  7020 NW 50 Sfuel  H 4-1  Mian, H 33166
Enter new mailing address, if applicable:	1020 NW 37 18 18
(Mailing address MAY BE A POST OFFICE BOX)	M 1ane, Il 33/66
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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

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:

	<u>Name</u>	Address	Type of Action
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			Remove
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amend	ing any other information, enter o	change(s) here: (Attach additional sheet	s, if necessary.)
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,		nember or authorized representative of a mer	nber Judy Doyle

Page 2 of 2

Filing Fee: \$25.00