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# **COVER LETTER**

TO:	Registration S Division of Co			
SUBJE	TCl Gathe	ering, LLC		•
SUBJE	СТ:		nited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		R. Douglas Zipperer		
			Name of Person	<del></del>
		TCI Gathering, LLC		
			Firm/Company	
		2725 Hanson Street		v <u>ŗ</u>
			Address	<u> </u>
		Fort Myers, Florida 33901		
			City/State and Zip Code	
		donna@zippererfarmsine.co		<del></del>
			to be used for future annual report noti	fication)
or furth	er information of	oncerning this matter, please ca	all:	
R. Dougl	las Zipperer		239 691-4803	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$25.0	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCI Gathering, LLC	·
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on 07/14/2006 and assigned
Florida document number L06000070170	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
The 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 ADDRES	<u>(S)</u>
ģ¥	
Enter new mailing address, if applicable:	TCI Gathering, LLC
(Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 640
	Fort Myers, Florida 33902-0640
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	ed office address on our records, enter the name of the not shere:    A   SE   SE   SE   SE   SE   SE   SE
	Florida S
	City Tip Sile

### 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

Title	<u>Name</u>	Address	Type of Action
MGR	John O. Zipperer, Jr.	P.O. Box 640	🗆 Add
		Fort Myers, Florida 33902-0640	■ Remove
			☐ Change
MGR	R. Douglas Zipperer	P.O. Box 640	<b>⊟</b> Add
		Fort Myers, Florida 33902-0640	Remove
			☐ Change
			□ Add
			□ Remove
			Change
	<u> </u>		Add
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Dated 90th day after the record is filed.  Dated 7/2//17  Signature of a member or authorized rypresentative of a member	n the ear	· · · · · · · · · · · · · · · · · · ·					
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Page 3 of 3

Filing Fee: \$25.00