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## **COVER LETTER**

	on of Corporations	
T SUBJECT:	TG Stemma Enterprises, LLC	
obsect	Name of Limited Liability Company	
The enclosed Ar	rticles of Amendment and fee(s) are submitted for filing.	
Please return all	l correspondence concerning this matter to the following:	
	Terri L. Williams	
	Name of Person	
	Firm/Company	
	P.O. Box 26346	
	Address	
	Jacksonville, Florida 32226	
	City/State and Zip Code	
	tgstemma@comcast.net	
	E-mail address: (to be used for future annual report notification)	
For further infor	rmation concerning this matter, please call:	
Gerald William		
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a ch	neck for the following amount:	
■ \$25.00 Filin	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	of Status &

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

FILED 2015 OCT 29 PM 12: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

TG Stemma Enterprises, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	,
The Articles of Organization for this Limited Liability Comp	pany were filed on October 10, 2006	and assigned
Florida document number L06000101031		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
<del></del>	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Ag	gent:	

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:

	Manager Authorized Mei	mber	,	
<u>Title</u>	<u>Name</u>			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			☐ Change

Article	II - The purpose for which t	his LLC is organized is for	ransacting any and all lawful bus	siness.
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ffective di	te is listed, the date must be spec ate inserted in this block doe	cific and cannot be prior to date as not meet the applicable st	of filing or more than 90 days after fi atutory filing requirements, this	iling.) Pursuant to 605.0207 (3) date will not be listed as the
ment's e	fective date on the Departme	ent of State's records.		
				A1
	pecifies a delayed effec day after the record is		effective time, at 12:01 a.	m. on the earlier of:
	•			
d <i>O</i>	ctober 27	, 2015.		
	Signatu			
	Jerr of b	Villians		

Page 3 of 3

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