

L07060009834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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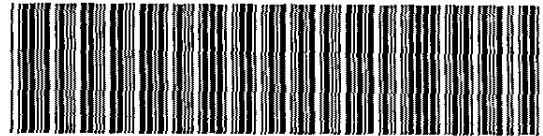
(Business Entity Name)

(Document Number)

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07 FEB 12 AM 11:37  
DIVISION OF STATE REGISTRATIONS  
TALLAHASSEE, FLORIDA

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07 FEB 12 PM 1:39  
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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TALLAHASSEE COMMERCIAL PROPERTIES, 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:

SHERRI BEEMAN

(Name of Person)

SHERRI BEEMAN

(Firm/Company)

3520 THOMASVILLE ROAD, 4TH FLOOR

(Address)

TALLAHASSEE, FL 32309

(City/State and Zip Code)

For further information concerning this matter, please call:

SHERRI BEEMAN

(Name of Person)

at ( 850 ) 893-4105

(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/COURIER ADDRESS:**

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

**FILED**  
07 FEB 12 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

TALLAHASSEE COMMERCIAL PROPERTIES, LLC

(Present Name)  
(A Florida Limited Liability Company)


FILED  
07 FEB 12 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FIRST: The Articles of Organization were filed on 1/27/07 and assigned  
document number L07000009834

SECOND: This amendment is submitted to amend the following:

TO ADD KATHY FRINK AS A CO-MANAGING MEMBER AND THAT  
HER CONTRIBUTION TO THE CORPORATION IS \$10.00.

Dated FEBRUARY 9, 2007

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

CRAIG CHOWN

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00

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