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SECRETARY OF STATE
AND ASSEFT, FLORID.

J. BRYAN

FEB 1 5 2011

EXAMINER

COVER LETTER

TO: Registration Division of C	Section orporations			
SUBJECT:	Т	ALE, LLC		
		nited Liability Company		•
The enclosed Articles	of Amendment and fee(s) are su	ubmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
		Lisa Morgan		_
		Name of Person		
		The Hogan Law Firm		
		Firm/Company		- Zg. =
		20 S. Broad Street		LARE THE
		Address		- ASS
				FILEU FEB 14 PM 3: 42 CRETARY OF STATE LAHASSEE, FLORIO
	Br	cooksville, Florida 3460 City/State and Zip Code	<u> </u>	- Figure 5
		sa@hoganlawfirm.com (to be used for future annual repo	ort notification)	ATE RIDA
For further information	concerning this matter, please	•	,	
	Lisa Morgan	at (_352_)	799-8423	
Name	of Person	Area Code &	Daytime Telephone Numb	er
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 en	nclosed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclosed)
Regis Divis	LING ADDRESS: stration Section sion of Corporations Box 6327	Registration	Corporations	

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TALE, LLC		影子0
(Name of the Limited I	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	SEE STATES
The Articles of Organization for this Limited Lia Florida document number	· · · · —	3/12/07	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :	
	CONJECTIO, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
	· ·		
F			
Enter new mailing address, if applicable:			-
(Mailing address MAY BE A POST OFFICE B	<u> </u>	······································	
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records, <u>enter 1</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
		, Florida	
	Citv		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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u>itle</u>	<u>Name</u>	Address	Type of Action
			_
_			Add Remove
			Add
			Remove
			☐ Add
			Remove
		<u> </u>	Add Remove
			AddRemove
			Add
			Remove
If amen	ding any other information, enter chan	nge(s) here: (Attach additional sheets, if necess	eary.)
			# SE
			SR -
_			
			<u> </u>
ated	2/10/11	·	3:4.2 STATE CORIDO
 nted	2/10/11	• (av	3: 4.2 ORIDS
 nted	2/10/11, Signature of a member	cror authorized representative of a member	GRIDS

Page 2 of 2

Filing Fee: \$25.00