L07000049353

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SECRETARY OF STATE DIVISION OF CORPORATIONS

08 OCT -9 PH 12: 55

J. BRYAN

OCT 1 0 2008

EXAMINER

COVER LETTER

Division of Cor			
SUBJECT: TGPG,	LLC		g
	(Name of Limi	ted Liability Company)	-
			*
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	James L. Rose, R.A.		
		(Name of Person)	
	Rice & Rose, P.A.		
		(Firm/Company)	
	222 Seabreeze Blvd.		PILE OF STATE NEW YORK OF CORPORATIONS 08 OCT -9 PM 12: 55
		(Address)	T OF FILE
	Daytona Beach, FL 321	18	o COA
		(City/State and Zip Code)	STATION AT 12:
For further information c	concerning this matter, please co	all:	RATIONS 112: 55
Kenley Matejka		at (386) 257-3839, ext. 3	17
	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	he 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)
MAIL	ING ADDRESS:	STREET/COURIER	ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TGPG, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Company were filed on May 9, 2007	and assigned
Florida document number <u>L07000049353</u>	· ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	<u> </u>
		10.8 10.8 10.8 10.8
		7 95T
Enter new mailing address, if applicable:		9 077 6
(Mailing address MAY BE A POST OFFICE BOX)		PFS
	<u> </u>	2: 5
		en 35
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		enter the name of the nev
registered agent and/or the new registered office add	ress liere.	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	street address)
		orida
	(City)	(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 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>:

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> <u>Title</u> <u>Name</u>

RM_	Greg Sands		501 Dunlawton Avenue	_ Add
			Port Orange, FL 32129	Remove
				Add Remove
				_ _
				Add Remove
				Add Remove
				Add
				Remove
				Add Remove
	ng any other information, en		here: (Attach additional sheets, if necessary.)	_
				_ _ _
				SECRE SIVISION OB OCT
				DIVISION OF CORP
ed <u>October</u>	6,	2008		1 유급
ed October		of a member or	authorized representative of a member	ᅳᇈᄝᇎ

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Filing Fee: \$25.00