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SECRETARY OF STATE OF CORPORATIONS

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJE	ст: <u>TLH Вс. Equ</u> i	ities, bl	/C	
	ı	(Name of Lim	ited Liability Company)	
The end	closed Articles of Amendment and	d fee(s) are sub	omitted for filing.	
Please	return all correspondence concern	ing this matter	to the following:	
		Kelly	(Name of Person)	
	<del></del>	Broad	and Cassel (Firm/Company)	
	215	S. Mon	roest, Suite 400 (Address)	OT DEC 18 PH 12: 31
	Tal	Inhass	ce. Ev 37301	OF OF
			(City/State and Zip Code)	8 COX
For fur	ther information concerning this n	natter, please c	all:	H 12: 31
<u> </u>	Celly Folmar		at (850) 681-681 C	)
	(Name of Person)		(Area Code & Daytime To	elephone Number)
Enclose	ed is a check for the following am	ount:		
<b>⊠\$</b> 25	.00 Filing Fee \$30.00 Fili Certifica	ing Fee & ate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
	MAILING ADDRESS Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, FL 32314	ns	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns
	Se Bur 1. 18 2 1100			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> **Type of Action** <u>Name</u> **Address** MGRM Joseph P. Jones MGRM Charles S. Stratton, PA 215 South Monroe Street Suite 400 Tallahassee, Fb 32301 Remove Add Remove Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated December 17 Signature of a member or authorized representative of a member Charles S. Stratton
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00