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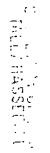
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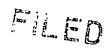
COVER LETTER

TO:	Registration S Division of Co					
cupir	TGB Man	TGB Management, LLC				
SUBJE	UI:	Name of Lin	nited Liability Company	<u> </u>		
TT	والمنافعة فالمناف	6 A	. Swite en			
		f Amendment and fee(s) are sub ondence concerning this matter	•			
		Charles A. Carlson, Esq.				
			Name of Person			
		Older, Lundy, Koch & Ma	artino			
			Firm/Company			
		1000 W Cass Street				
			Address			
		Tampa, Florida 33608				
			City/State and Zip Code			
		ccarlson@olalaw.com	·			
For furth	er information	e-mail address: ((to be used for future annual report no all:	ottincation)		
Charles	A. Carlson, Esq	ı.	813 254-8998			
	Name	of Person	at () Area Code Dayti	me Telephone Number		
Enclosed	l is a check for t	he following amount:				
■ \$2 5.	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 Addre Registration Division of C P.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations		

Tallahassec, FL 32303

Doc ID: ce916a0ca90338cc4729c822f3921aah7fe316a7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TGB Management, LLC	2022 JUN 21
(Name of the Limited Liability Company as it now appears on our reco	2022 JUN 24 PM 4: 22
The Articles of Organization for this Limited Liability Company were filed on 10/30/2007	and assigned! AHASSEF
Florida document number L07000109884	100 at 6. Fi
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 "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, entagent and/or the new registered office address here:	er the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street add	ress
	Florida
City	7ip 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 provisions of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in Chapter 60, being filed to merely reflect a change in the registered office address, I hereby confirm company has been notified in writing of this change.	and I am familiar with and 5, F.S. Or, if this document is

Page 1 of 3

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AR	Melissia K Gauthreaux	PO Box 2065	
		Dunedin, Fl. 34697	= Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
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			Петюve
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Page 3 of 3

Filing Fee: \$25.00