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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY 27 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TA Development Group, 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:

Christopher A. Roche, Esquire

Name of Person

Law Office of Christopher A. Roche

Firm/Company

229 N. Collier Blvd.

Address

Marco Island, FL 34145

City/State and Zip Code

CROCHE@marcocable.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher A. Roche

Name of Person

at (239) 389-0700

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

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TA Development Group, LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11-01-2007 and assigned
Florida document number L07000111078.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

229 N. Collier Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Marco Island, FL 34145

Enter new mailing address, if applicable:

229 N. Collier Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Marco Island, FL 34145

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Christopher A. Roche, Esquire

New Registered Office Address:

229 N. Collier Boulevard

Enter Florida street address

Marco Island

, Florida 34145

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>TK Partners, LLC</u>	<u>61 Broadway Avenue</u> <u>New York, NY 10006</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Ekaterina Belavina</u>	<u>720 N. Collier Blvd.</u> <u>Marco Island, FL 34145</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Mamadzhon Khamidov</u>	<u>c/o Christopher A. Roche</u> <u>229 N. Collier Blvd</u> <u>Marco Island, FL 34145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MGR</u>	<u>Vladimir Ivashkov</u>	<u>720 N. Collier Blvd.</u> <u>Marco Island, FL 34145</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

May ²⁰~~17~~, 2011

Signature of a member or authorized representative of a member

Vladimir Ivashkov
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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