## 10100 112 300

(1	Requestor's Name)
(.	Address)
(.	Address)
(1	City/State/Zip/Phone #)
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	Document Number)
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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	TEVER 11	I, LLC			
30131	C1.	Name of Lin	nited Liability Company		
The enc	losed Articles of	Amendment and fcc(s) are sub	omitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		BRADLEY ORR			
			Name of Person		
		NCF CORPORATION			
			Firm/Company		
	1901 ULMERTON RD., STE 400				
			Address	<del></del>	
		CLEARWATER, FL 3376	52		
			City/State and Zip Code		
		BORR@NCFGIVING.CO	М		
		E-mail address: (	to be used for future annual report notifi	cation)	
For furth	er information co	oncerning this matter, please ca	all:		
BRADL	EY ORR		404 252-0100 at ( )		
	Name of	Person	at ()	Telephone Number	
Enclosed	l is a check for th	c following amount:			
\$25.0	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

TEVER 111, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears or Liability Company)	n our records.)	<u> </u>
The Articles of Organization for this Limited I Florida document number L07000112300	Liability Company	were filed on Noven	nber 6, 2007	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the desig	mation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STREET ADDRESS)		1901 ULMERTON		
		CLEARWATER, F	L 33762	
Enter new mailing address, if applicable:				<del>- 17.00 - 17.</del>
(Mailing address MAY BE A POST OFFICE BOX)		1901 ULMERTON	RD., STE 400	9
		CLEARWATER, F	L 33762	- CO
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	<del> </del>			
New Registered Office Address:	1901 ULMER	TON RD., STE 400		
		Enter Florida	street address	
	CLEARWATE	ER	, Florida	33762
		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 605, 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 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
AMBR	NCFRP		🗖 Add
			Remove
			🖶 Change
			□ Remove
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			Change
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_	NONE	(s) here: (Attach additional sheets, if necessary.)	
			<u></u>
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F Fffect	tive date, if other than the date of filing:	(antional)	
(If an cf <u>Note:</u>	ffective date is listed, the date must be specific and cannot b	be prior to date of filing or more than 90 days after filing.) Pursual applicable statutory filing requirements, this date will not records.	ant to 605.0207 (3)(to the listed as the
(f the re (b) The	ecord specifies a delayed effective date, be e 90th day after the record is filed.	out not an effective time, at 12:01 a.m. on the	e earlier of:
Dated	1,		
	Bolles	_	
	Signature of a member of	or authorized representative of a member	
	BRADLEY ORR		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00