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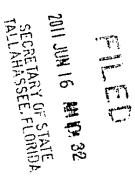
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T. CLINE
JUN 1 7 2011

EXAMINER

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJE	CCT:	TSO MAN	AGEMENT LLC		
		Name of Limit	ed Liability Company		
The end	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		E	BARBARA B. LEWIS		
			Name of Person		
		<u> </u>	Firm/Company		
4521 PGA BLVD UNIT 329					
			Address		
PALM BEACH GARDENS, FL 33418 City/State and Zip Code					
		jac E-mail address: (to	k.x.lewis@gmail.com be used for future annual report notif	ication)	
For furt	her information co	ncerning this matter, please ca	·	620-9149 ASS	70 S 70 S
		bara Lewis	at (703)	620-9149 XX	PERSONAL PROPERTY.
	Name of	Person	Area Code & Daytin	ic rerebusine remineer	
Enclose	ed is a check for the	e following amount:		OF STATE E, FLORIDA	ا الدورية الأ
□\$25	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &	ed)

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

TSO MANAC		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed onJune 24, 2	2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
TSO HOLDI	NGS LLC	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		第二
		SRY 0
Enter new mailing address, if applicable:	P.O. BOX 1994	FISTA
(Mailing address MAY BE A POST OFFICE BOX)	JUPITER, FL 33468	32
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	eet address
	, Flori	
	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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	 		Add Remove
			Add Remove
	. <u>. </u>		ZOLLEC DAME TO THE PARTY OF THE
			SEE G. Add.
D. If amend	ling any other information, enter char	nge(s) here: (Attach additional sheets, if necessary	Remove (a)
Dated	June 14,	2011	
	Signature of a memb	er or authorized representative of a member	
		ARBARA B. LEWIS	
	Type	ed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00