# 108000107518

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
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# COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	T & A In	VESTMENT PROPERTY	erties, UC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Grego	xy M. Drake	
	T & A I	investment leopen	ties, LLC
	3910 W	Navy Blvd	
	Penso	City/State and Zin Code	7
	drake 882 E-mail address: (1	City/State and Zip Code  City/State and Zip Code  On the Used for future annual report notifications.	cation)
For further information c	oncerning this matter, please ca	all:	
Creg Name	oey Drake	at ( <u>\$50</u> ) _ 316	Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 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

(Name of the Limited Liability Compar (A Florida Limited I.	Properties  ny as it new appears on iability Company)	our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	19/200	8 and assigned
Florida document numberL08000107518	<b>,</b>	•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the design	ation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			_2
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		是	
Enter new mailing address, if applicable:		್ರು.ಸಾ 	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		10 TH	
		<u> </u>	<del></del>
	_	Dmi A	0
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		r records, <u>ent</u>	er the name of the nev
registered agent and/of the new registered office address here	•		
Name of New Registered Agent:			
New Registered Office Address:			
The registered of received.	Enter Florida s	treet address	
		Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p	e to act in this capa performance of my (	icity. I further duties, and I a	agree to comply with the m familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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. Thereby confirm that the limited liability

company has been notified in writing of this change.

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Drake Enterprise LC	3910 W Novy Blvd Pensacola FL 32507	XAdd
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<u>.</u>			Add
			□ Remove
			□ Change
		2015 MAY	
		AY-8 P	C Change
		N	□ Remove
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fective date, if other than the date of filing:	(0)	otion	ıal)	
n effective date is listed, the date must be specific and cannot be prior to date of filing or rote:  If the date inserted in this block does not meet the applicable statutory filities.	more than 90 days a	fter fi	ling.) Pt	
cument's effective date on the Department of State's records.	ng requirements,	iiiis c	ane wi	ii not be fisted
record specifies a delayed effective date, but not an effective	time, at 12:0	1 a.	m. on	the earlier
The 90th day after the record is filed.				
· oal				
1ed <u>MAy</u> 3rd . 2015.				
1ed MAY 3''a . 2015.				
Signature of a member or authorized representative	a at a mumbar			
augmature of a member of authorized representative	e of a memoer			

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Filing Fee: \$25.00