09000007481

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S. HAWKES

JUN 9 - 2009

EXAMINER

COVER LETTER

• TO: Registration Section
Division of Corporations

SUBJECT:	TI Man	agement, LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Kathleen Wingate				
		Name of Person			
TI Management, LLC					
	Firm/Company				
	153 107th. Ave.				
Address					
	Tre	asure Island, FL. 33706			
City/State and Zip Code					
	Kathleen@wingaterealtors.com				
	E-mail address: (to be used for future annual report n	otification)		
For further information	concerning this matter, please of	call:			
Sharo	n Wyatt-Norman	at (813)	254-6444		
Name of Person		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 enclo	\$60.00 Filing Fee, Certificate of Status & Sed) 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

TI M	lanagement, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now app a Limited Liability Company	ears on our records.)	
u (Carana		,	
The Articles of Organization for this Limited Liability	Company were filed on _	Janurary 23,2009	_ and assigned
Florida document numberL0900007481	············		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mitad liahility company k	loro:	
A. If amending name, enter the new name of the in	mitted nabinty company i	,	0.
The new name must be distinguishable and end with the w	ords "Limited Liability Con	many " the designation "II	C" or the abbreviation
"L.L.C."	ords Emined Endonity Con	ipuny, mo designation viii	
Enter new principal offices address, if applicable:		,	B o in
(Principal office address MUST BE A STREET AD)	ORESS)	······································	179 星
(2. viscopus vijiset man tiis iviosi Bair Siridai iisi			7.3.4.
			ें के
Enter new mailing address, if applicable:			*** <u>.</u> *
(Mailing address MAY BE A POST OFFICE BOX)	 		
(interior dutiness in the first of the box)			
		, ,, , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or reg	istered office address o	our records, enter the	name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** <u>Name</u> **MGRM** Peter Langer 153 107th. Ave. ✓ Add Treasure Island, FL Remove Laurence A. Williams **MGR** 153 107th. Ave. ✓ Add Treasure Island, FL. 33706 Remove ☐ Add ☐ Remove Add Remove Remove တ ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The purpose of this amendment is to add the above members as officers of the company. Signature of a member of authorized representative of a member Kathleen

Typed of printed name of signee

Page 2 of 2

Filing Fee: \$25.00