L09000082998

(Requestor's Name)						
(Address)						
(Ac	ldress)	<u></u>				
(C)	ty/State/Zip/Phon	e #)				
PICK-UP	WAIT	MAIL				
(Bı	usiness Entity Na	me)				
(Document Number)						
Certified Copies	Certificate	s of Status				
Special Instructions to Filing Officer:						

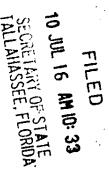
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Office Use Only



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07/16/10--01023--012 **25.00



COVER LETTER

SUBJECT:	TCG				
	Name of Limited	Liability Company	. ,		
The enclosed Articles	s of Amendment and fee(s) are submit	tted for filing.	, 4		
Please return all corre	espondence concerning this matter to	the following:	•	,	
	F	rederick Peters			
		Name of Person	4		
		TCGC, LLC		- ,	
· ·		Firm/Company		•	,
,	7406	6 St. Andrews Bl	lvd.:	;	
• •		Address			
		i Wachee, FL 34		<u></u>	
		City/State and Zip Code		,	
	waite	r@esperidesna.c	com	ion	
For further information	on concerning this matter, please call:		report notificat	ion	
F	Frederick Peters	at (352)	59	2-5195	
Name of Person Area Code & Daytime Telephone Number					
•			£.		
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy		\$60.00 Filin Certificate Certified (additional	of Status &

TO: Registration Section
Division of Corporations

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 10 JUL 16 AM 10: 33 SECRETARY OF STATE ALLAHASSEE, FLORIDA

TCGC, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 8/27/09 The Articles of Organization for this Limited Liability Company were filed on ____ and assigned L09000082998 Florida document number 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

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>		Type of Action
MGRM	Frederick Peters	9475 Bearfoot Weeki Waches	Trl 2. FL 34613	Add Remove
				Add Remove
				Add Remove
·				Add Remove
				Add Remove
				Add Remove
D. If amend	ing any other information, o	enter change(s) here: (Attach add	ditional sheets, if necessary.)	
			:	SECRET
				FILED 16 AMIC TARY OF STASSEE, FL
Dated	July 13	L'arties		AM IO: 33 OF STATE FLORIDA
	Signature	of a member or authorized representation Frederick Peters	muve of a member	
		Typed or printed name of sign	iee	

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Filing Fee: \$25.00