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EXAMINER



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11 MAR 31 PH 12: 41
SECRETARY OF STATE
ALLAHASSEF, FLORIDA

COVER LETTER

P.O. Box 6327

Tallahassee, FL 32314

TO:	Registration S Division of Co			
SUBJE	CT:	SI	Park, LLC	
		Name of Lim	ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all corresp	condence concerning this matte	r to the following:	
			Michael Kotler, Esq.	·
			Name of Person	
SCHWARTZ,GO		SCHWARTZ,GOL	D,COHEN,ZAKARIN & KOT	LER, P.A.
			Firm/Company	•
54 S.W. BOCA RATON BOULEVARD			D	
			Address	
		ВС	OCA RATON, FL 33432	
			City/State and Zip Code	
		m	kotler@sgczklaw.com to be used for future annual report notific	
		E-mail address: (to be used for future annual report notific	ation)
For furt	her information	concerning this matter, please of	call:	
•	М	ichael Kotler	at (561)	861-9600
Name of Person			Area Code & Daytime	
Enclose	d is a check for t	the following amount:		
\$25 ,	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		ration Section	STREET/COURIE Registration Section Division of Corporat	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SI Park,	LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears	on our records.)			
(A Florida Limited Lia	onity Company)				
The Articles of Organization for this Limited Liability Company w	ere filed on	10/23/2009	_ and assigned		
Florida document numberL09000102434					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
TBSA 1, L	LC				
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company	" the designation "LLC	or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)		···	No		
		·			
Enter new mailing address, if applicable:		<u>ပို</u>			
(Mailing address MAY BE A POST OFFICE BOX)			'S ₹ IT		
			Si is D		
•			£		
B. If amending the registered agent and/or registered offic	e 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:		Florida street addres			
	Enier	r toriaa street aaares	S		
		, 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

It 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:

	<u>Name</u>	Address	Type of Action
			Damaya
			□ D
			□ Damaya
<u></u>			□ D.a
•			
•			_
	ding any other information, e	nter change(s) here: (Attach additional sheets, if	 -
	ding any other information, e		 -
	ding any other information, e		 -
. If amend	ding any other information, en		 -

Page 2 of 2

Filing Fee: \$25.00

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 = M MGRM =	anager Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Remove	
		<u></u>	Add	
			☐ Add ☐ Remove	
			Add Remove	
			Add Remove	
•				
•				
D. If amei	nding any other information	n, enter change(s) here: (Attach additional sheets,	if necessary.)	
_				
_				
Dated	March 4	<u>, 2011</u> .		
	Signatu	are of a member or authorized representative of a memb	er	
		Trustee, Real Estate Holding Trust U/A/D Typed or printed name of signee		

Page 2 of 2

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