# L09000116920

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2010 FEB 19 PM 27
SECRETARY OF STATE

C. LEWIS FEB 2'2 2010 EXAMINER

## **COVER LETTER**

т́о:	Registration Sec Division of Corp	tion corations	A	
	<b>4</b> .	* _	14 <b>4</b>	*4
SUBJ	ЕСТ:	TF + RO	B, LLC	<u> </u>
		Name of Limi	ted Liability Company	
The er	nclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		THOMAS	FORE	
			Name of Person	
			Firm/Company	<del></del>
		8721 WELL	MGTON VIEW Address	
			Address	
		WELLINGTON	City/State and Zip Code  Compared to be used for future annual report notificat	
		1.1.1.14.1	City/State and Zip Code	1
		E-mail address: (1	to be used for future annual report notificat	<del>of</del>
For fu	rther information co	ncerning this matter, please c		,
	Homas	FOTT	at ( 914) 224 – 79 Area Code & Daytime To	960
	Name of	Person	Area Code & Daytime To	elephone Number
Enclos	ed is a check for the	e following amount:		
<b>□</b> \$25	5.00 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 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

2010 FEB 19 PM 2 27

TF+R	OB LLC	SECRETARY OF T
(Name of the Limited Liabil (A Florida	ity Company as it now appears a Limited Liability Company)	SECRETARY OF STATE on our records AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability Florida document number <u>LO900011692</u>	Company were filed on	. ,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here	:
Γhe new name must be distinguishable and end with the w 'L.L.C."	vords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on ou l <u>dress here</u> :	r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Ente	r Florida street address
	<i>C</i> *-	, Florida Zip Code
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	THOMAS FOTI	8721 WELLINGTON VIEW WELLINGTON, PL 33414	Add Remove
MGKm	JANINE CAPUTO-POTE	8721 NOLLINGTONVICH WELLINGTON, PL 33414	Add ☐ Remove
	·		Add Remove
			Add Remove
			Add Remove 
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
_		TALLAH	ZOID FEB 19
Dated	Thony tal	ASSÉE.	早早 二
	_,	or authorized representative of a member  or printed name of signee	TAIL

Page 2 of 2

Filing Fee: \$25.00