410000029658

(Requestor's	s Name)			
(Address)				
(Address)				
(City/State/2	ip/Phone #)			
PICK-UP V	VAIT MAIL			
(Business E	ntity Name)			
(Document Number)				
Certified Copies Ce	ertificates of Status			
Special Instructions to Filing Officer:				
,				





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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON
SEP 18 2010
EXAMINEP

COVER LETTER

TO: Registration S Division of Co			
STREET, T	and Ia	3200, LLC	
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
			•
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filling.	
Please return all corresp	condence concerning this matter	to the following:	
	JoHn	H. Cooper	
		Name of Person	
		Firm/Соторацу	
	5520 N.	w. 17th Au	•
		Address	
	Miami,	W. 17th Aug. Address 2 33/67	
		City/State and Zip Code	
	k mail address (to be used for future annual report notificat	ort)
Tan Kumban la firancia		•	ioni)
For runter information	concerning this matter, please of	*W.	
JOHN 7	4. (ODJEK	a(305) 835 -//	15
Name	of Person	Area Code & Daytime Te	elephone Number
Enclosed is a check for	the following amount:	/	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	[7]\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

Tand J@ 13200	LLC	<u> </u>
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now somears on our re- lability Company)	SEC VISION
The Articles of Organization for this Limited Liability Company Florida document number $\angle 10000039658$	were filed on 13-17-	10 and assigned 977
This amendment is submitted to amend the following:		OF STA
A. If amending name, enter the new name of the limited flabi	ility company bere:	PORATIONS
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the desi	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	i/A	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	ice address on our records	, enter the name of the new
Name of New Registered Agent:	N/A-	
New Registered Office Address:	<u>_</u>	
	Enter Florida street address	
	, Fi	orida
	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 fitle, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	Type of Action		
M <u>GRM</u>	JOHN H COOPER	13200 N. W. 17 Ave MIAMY, FL. 33167	Add Remove		
MGL	JOHN H Cooper	13200 N.W. 17th fre.	Add The Kernove		
			Add Remove		
eritera de mensionida en			Add Remove		
	•		Add Remove		
			Add Remove		
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) I John H. Cooper will be the only Sole Manageng Member for Tand Ta 13200, LLC. I aim the only managing Member Who Can authorize any Changes for					
Dated Se	To Hw H	r suthorized representative of a member OC Dev r printed name of signee Page 2 of 2	SECRETARY OF STATE OF CORPORATE IN SEPTIMES IN SEPTIME		
	Fül	ing Fee: \$25.00	RAT		