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(Req	uestor's Name))			
(Add	ress)				
(Add	ress)				
. (City	/State/Zip/Phon	ne #)			
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EXAMINER

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COVER LETTER

Division of Co		•			
SUBJECT:	Tall	ience, LLC			
	Name of Lim	ited Liability Company			
	f Amendment and fee(s) are su ondence concerning this matte	-			
	5	J			
		Mark J. Bryn			
		Name of Person			
	В	ryn & Associates, P.A.			
Firm/Company					
2 South Biscayne Blvd, Suite 2680					
		Address	 		
		Miami, Florida 33131			
City/State and Zip Code					
•	bibi@markbryn.com E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please	·	•		
N	lark J. Byrn	. 305	74-0501		
	of Person	at (305) 3 Area Code & Daytime			
Enclosed 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)		
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tallience	<u>∍, LLC</u>				
(Name of the Limited Liability Compan (A Florida Limited L	iy as it now appea lability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company Florida document numberL10000047320		May 3, 2010	an	id assig	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :			
The new name must be distinguishable and end with the words "Limit "L.L.C."	led Liability Comp	any," the designation '	"LLC" or	the ab	breviation
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 off registered agent and/or the new registered office address here Name of New Registered Agent:		our records, enter	the nar	me of	the nev
			A PA	SEP	
New Registered Office Address:	E	nter Florida street aa	ldress	4	Trems
		, Florida _	TR	PH	m
	City		SZip	6 0de	O
New Registered Agent's Signature, if changing Registered Agent:			g A	90	

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 or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Address</u> **Title** <u>Name</u> MgrM Tim Baron 18263 Maple Spring Court ✓ Add Remove Leesburg, VA 20176 ☐ Add Remove ☐ Add Remove ∏ Add □ Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 16 2010 Dated Signature of a member or authorized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00