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K. SALY EXAMINER MAR 1 4 2011

## **COVER LETTER**

Division of Co	rporations					
SUBJECT:	TF	PGC, LLC				
SOMECT.		ted Liability Company	<del></del>			
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Roger W. Newman  Name of Person				
		Name of Person				
TPGC, LLC						
		Firm/Company				
•	320 S	. Flamingo Rd., Suite 25	<b>59</b>			
-	<del></del>	Address	<del></del>			
	Pen	nbroke Pines, FL 33027				
	City/State and Zip Code					
	rnev	vman320@hotmail.com				
	·	o be used for future annual report n	otification)			
For further information	concerning this matter, please ca	all:				
Rog	er W. Newman	at ( 305 )	467-4462			
Name	of Person		time Telephone Number			
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 enclo	\$60.00 Filing Fee, Certificate of Status &  Certified Copy (additional copy is enclosed)			

**MAILING ADDRESS:** 

TO:

**Registration Section** 

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

11 MAR 10 PM 1: 52

(Name of the Limited Li (A Fl	TPGC, LLC  ability Company as it now appear orida Limited Liability Company)	SEURETA rs on our records.) (AS	AY OF STATE SEE, FLORIDA.	
The Articles of Organization for this Limited Liab Florida document numberL1000005569	• • •	05-24-2010	and assigned	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company her	<u>'e</u> :		
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compa	nny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	ADDRESS)			
			<u> </u>	
Enter new mailing address, if applicable:	<del></del>			
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:		.,		
New Registered Office Address:	F	A., Fl J		
	Enter Florida street address			
-	City	, Florida	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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Luis I. Rodriguez	320 S. Flamingo Rd. Apt. 259 Pembroke Pines, FL 33027	Add ☑ Remove
<u>MGRM</u>	Roger W. Newman	320 S. Flamingo Rd. Apt. 259 Pembroke Pines, FL 33027	☐ Add ☑ Remove
MGR	Roger W. Newman	320 S. Flamingo Rd. Suite 259 Pembroke Pines, FL 33027	Add Remove
<u> </u>			Add
•			Remove
			Add Remove
		`	Add
D. If amendi	ng any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	<b></b>
<del></del>			_
<u></u>			_
Dated	March 4		_
		Day & learner	
-	Signature	of a member or authorized representative of a member	
-		Roger W. Newman Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00