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SECRETARY OF STATE
TALLAHASSEE, FL 32304

2013 JUN 11 PM 1:40

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **TLI OF MIAMI LAKES, LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Natalie Burns

Name of Person

Natalie M. Burns, P.L.

Firm/Company

800 Village Square Xing, Ste 337

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

natalie@burnslawfl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Natalie Burns

Name of Person

at **561 267-0104**

Area Code & Daytime Telephone Number

Enclosed is a check for 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
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

TLI OF MIAMI LAKES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/25/2010 and assigned
Florida document number L10000089145

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

7975 NW 154TH STREET

SUITE 250

MIAMI LAKES, FL 33016

B. If amending the registered agent and/or registered office 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:

YIRA DE LA PAZ

New Registered Office Address:

7975 NW 154TH STREET, SUITE 250

Enter Florida street address

MIAMI LAKES

City

, Florida 33016

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.

[Signature]
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:

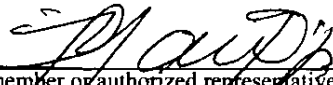
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ANGULO, JOHMARG N	218 SE 14TH STREET	<input type="checkbox"/> Add
		#901	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGRM	ACOSTA, REINALDO J	218 SE 14TH STREET	<input type="checkbox"/> Add
		#901	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	
MGRM	DE LA PAZ, YIRA	7975 NW 154TH STREET	<input checked="" type="checkbox"/> Add
		SUITE 250	<input type="checkbox"/> Remove
		MIAMI LAKES, FL 33016	
MGRM	ANGULO, NANGELIN	218 SE 14TH STREET	<input checked="" type="checkbox"/> Add
		#901	<input type="checkbox"/> Remove
		MIAMI, FL 33131	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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FAMILY RELOCATION CENTER

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated June 7, 2013


Signature of a member or authorized representative of a member

Nangela Ayala
Typed or printed name of Signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FL 32304