

L10000103625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

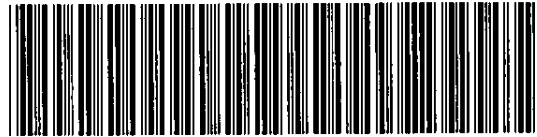
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 17 2017

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SUITE 2900

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ORLANDO, FLORIDA 32802

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JANICE A. DEJULIO, CP
Direct Dial: 407.367.5428
E-Mail Address: jdejulio@bakerdonelson.com

March 14, 2017

VIA FEDERAL EXPRESS
OVERNIGHT PRIORITY

Division of Corporations
Attn: Registration Section
Clifton Building
2661 West Executive Center Circle
Tallahassee, FL 32301
Tel: (850) 245-6051

Re: Request to Filing of Articles of Amendment to Articles of Organization for TGM
Macedonia, LLC, a Florida limited liability company (L10000103625)

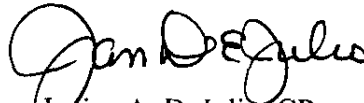
Dear Filing Agent:

Enclosed please find the above-referenced Articles of Amendment to Articles of Organization of TGM Macedonia, LLC, along with the form cover letter, changing the title of Todd Menowitz from "Managing Member" to "Manager."

Also enclosed is our firm's Check No. 003254 payable to the Florida Department of State for the \$25.00 filing fee, plus an extra copy of the document for you to stamp with filing date and return to us in the enclosed pre-stamped envelope.

Thank you in advance for your help.

Sincerely,


Janice A. DeJulio, CP

Enclosures

4816-9033-4021 v1
2925097-000013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TGM Macedonia, 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:

Martha Anderson Hartley, Esq.

Name of Person

Baker, Donelson, Bearman, Caldwell & Berkowitz, PC

Firm/Company

200 South Orange Avenue, Suite 2900

Address

Orlando, Florida 32801

City/State and Zip Code

Todd@menowitz.com

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

For further information concerning this matter, please call:

Martha Anderson Hartley, Esq.

at (407) 367-5427

Name of Person

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

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TGM Macedonia, 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 October 4, 2010 and assigned Florida document number L10000103625.

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 contain 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) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

✓ MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Todd Menowitz	91-31- Queens Blvd, Suite 512	<input type="checkbox"/> Add
		Elmhurst, NY 11373	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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CLERK OF DISTRICT
PALM BEACH COUNTY, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 9

2017

Signature of a member or authorized representative of a member

Todd Menowitz

Typed or printed name of signee