## L11000041745

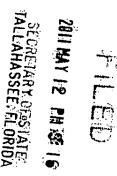
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C. LEWIS

MAY 1 3 2011

EXAMINER

## **COVER LETTER**

Division of	on Section  * Corporations	<i>y</i>	<b>"</b>
<b>*</b>		· •	
SUBJECT:	Τ(	CWM, LLC	
	Name of Lin	nited Liability Company	
The enclosed Artic	es of Amendment and fee(s) are su	abmitted for filing.	
Please return all co	respondence concerning this matter	er to the following:	
		RONALD HALBY	
	·	Name of Person	
		TCWM, LLC	
		Firm/Company	
	428	5 SW MARTIN HIGHWAY	
		Address	· · · · · · · · · · · · · · · · · · ·
	F	PALM CITY, FL 34990	
		City/State and Zip Code	
	E-mail address:	ronhalby@yahoo.com (to be used for future annual report notifice	ation)
For further informa	tion concerning this matter, please	call:	
	RON HALBY	at ( 229 ) 73	35 - 5687
Name of Person		Area Code & Daytime	Telephone Number
Enclosed is a check	for the following amount:		
<b>▼</b> \$25.00 Filing Fe	\$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 2011 MAY 1/2 PM # 16

			SEERLIAM
	TCWM, LLC		SECHETARY OF STA ALLAHASSEE, FLOR
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	COLLIFLOR
The Articles of Organization for this Limited	Liability Company were filed on	04/07/11	and assigned
Florida document numberL1100004	• • •		-
This amondment is submitted to amond the fa	Novince		
This amendment is submitted to amend the fo	nowing:		
A. If amending name, <u>enter the new name</u>	of the limited liability company her	e:	
The new name must be distinguishable and end w "L.L.C."	vith the words "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
	<del></del>		
Enter new mailing address, if applicable:	· ————————————————————————————————————		
Mailing address MAY BE A POST OFFIC <mark>I</mark>	<u> </u>	···	
intuing buniess Mail DE ATT OBT OF THE			
Muning dualess MATT DE TIX OUX OXXIV			
	Nor registered office address on a	our zacorde ontar	the name of the new
3. If amending the registered agent and		our records, enter	the name of the new
3. If amending the registered agent and		our records, enter	the name of the new
3. If amending the registered agent and		our records, <u>enter</u>	the name of the new
B. If amending the registered agent and egistered agent and/or the new registered	office address here: RONALD HALBY		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address here: RONALD HALBY	our records, enter	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address here: RONALD HALBY		

If Changing Registered Agent Structure of New Registered Agent

Page 1 of 2

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	TREASURE COAST STRATEGIC CAPITALI, LLC	4285 SW MARTIN HIGHWAY PALM CITY, FL 34990	Add Remove
MGRM	RONALD HALBY	4285 SW MARTIN HIGHWAY PALM CITY, FL 34990	✓ Add ☐ Remove
			Add Remove
**************************************			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	e(s) here: (Attach additional sheets, if necessar	v.)
			ZOII BAY 12 PM
Dated	MAY 9 , 20	11	
	Signature of a member	or authorized representative of a member	
		ONALD HALBY	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00