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(((H11000114872 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

S'rom:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (950)222-1092

Phone Fax Number

: (850)878-5368

\*\*Enter the email address for this business entity to be used for future; annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TCP II SCRUB BANK, LLC

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APR 28 2011

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EXAMINER

## **COVER LETTER**

TO: Registration ! Division of Co					
SUBJECT:	TCP 11 5	Scrub Bank, LLC	<u>-</u>		
<u> </u>	Name of Lin	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are su	ibmitted for filing.			
Please return all corresp	condence concerning this matte	er to the following:			
		Charlle Morgan		,	
		Name of Person			
		Timbervest, LLC			
		Firm/Company	<u> </u>		
	3715 Northsid	le Parkway, Building 2	00, Suite 500	خت نے	
		Address			pio All - All Print
		Atlanta, GA 30327		APR 2	13
		City/State and Zip Code		27 TARY ASSE	
	m	organ@timbervest.ne	<u>t</u>		
	E-mail address:	(to be used for future annual rep	or notification)	71	
For further information	concerning this matter, please	call:		9: 40 STATE	
CI	harlie Morgan	at ( 404 )	848-7527	<b>1</b>	
	of Person		Daytime Telephone Number		
Enclosed is a check for	the following amount:				
<b>[]</b> \$25.00 Filing F <b>c</b> €	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is ex	nolosed) Certified C	of Status &	

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

	TCP II Scrub Bank, L	TC	
(N	me of the Limited Liability Company as it now (A Florida Limited Liability Com	annears on our records.)	
The Articles of Organization	for this Limited Liability Company were filed o	April 11, 2011	and assigned
Florida document number	L11000042493		
This amendment is submitted	to amend the following:		
A. If amending name, enter	the new name of the limited liability compa	ny here:	
The new name must be distingu	ishable and end with the words "Limited Liability	Company," the designation	'LLC" or the abbreviation
Enter new principal offices	address, if applicable:		5 · ·
(Principal office address MI)	ST BE A STREET ADDRESS)		
			<u> </u>
			27 ARY ASSE
Enter new mailing address,	if applicable:		77,
(Mailing address MAY BE A	POST OFFICE BOX)		
			<u> </u>
	ered agent and/or registered office address new registered office address here:	s on our records, <u>enter</u>	the name of the new
Lesistered Heart Shoot rice	new 152 Stered time adures here.		
Name of New Regis	tered Agent:		
New Registered Off	ice Address:		
		Enter Florida street ad	aress .
	City	, Florida _	Zip Code
	J.,,		

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 affice 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

Title <u>Address</u> Type of Action <u>Name</u> MGR Timbervest, LLC 3715 Northside Parkway ☐ Add 📝 Remove Bullding 200, Suite 500 Atlanta, GA 30327 MGR TCP II Holdings, LLC 3715 Northside Parkway 🚺 Add Remove Building 200, Suite 500 Atlanta, GA 30327 □ Add Remove Add Remove ∐Add Remove ∏Add ∏Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 19 2011 Dated\_ Signature of a member or authorized representative of a member Joel B. Shapiro Typed or printed name of signee

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Filing Fee: \$25.00