## 11000045309

(Requestor's Name)					
(Address)					
(Ac	idress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
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07/09/12--01049--021 \*\*325.00



J. BRYAN
JUL 1 0 2012

**EXAMINER** 

## **COVER LETTER**

Division of Co			
SUBJECT:	TSP PC	OST OAK, LLC	
	Name of Lim	ited Liability Company	
	f Amendment and fee(s) are sulpondence concerning this matter	,	
		Vanette Lugo	
		Name of Person	
		Trade Street	
		Firm/Company	40 2
	19950 W	Country Club Drive, Suite 80	TALLAND SEE, FLORES
		Address	6
		Aventura, FL 33180	15 A C
		City/State and Zip Code	بي روح
	vlı	ugo@trade-street.com	<b>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</b>
		to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
	/anette Lugo		48-6017
Name	of Person	Area Code & Daytime 1	elephone 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

	TSP POST	OAK, LLC		
( <u>N</u> 8	me of the Limited Liability Comp (A Florida Limited	any as it now appear Liability Company)	s on our records.	***************************************
<del>-</del>	for this Limited Liability Compan	y were filed on	04/15/11	and assigned
Florida document number	L11000045309			
This amendment is submitted	to amend the following:	·		
A. If amending name, enter	the new name of the limited lia	bility company her	<u>e</u> :	
The new name must be distingu	ishable and end with the words "Lin	nited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			# F = 1
Enter new mailing address,	if applicable:			OFFICE OF PROPERTY
(Mailing address MAY BE A			- 100 A C	
	ered agent and/or registered onew registered office address he		our records, <u>enter</u>	the name of the new
Name of New Regis	stered Agent:			
New Registered Off	ice Address:		771	
		En	ter Florida street ad	dress
		City	, Florida	Zip Code
		City		Lip Coue

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 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> Name <u>Address</u> **Type of Action** MGR BSF TSC GP, LLC 19950 W. COUNTRY CLUB DRIVE, SUITE 800 ☐ Add ✓ Remove AVENTURA, FL 33180 TS Manager, LLC MGR 19950 W. COUNTRY CLUB DRIVE, SUITE 800 ✓ Add Remove AVENTURA, FL 33180 ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 5 2012 Dated \_\_\_\_\_ Signature of member or authorized representative of a member Bert Lopez Typed or printed name of signee

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Filing Fee: \$25.00