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J. SAULSBERRY EXAMINER

JUN 8 2011

COVER LETTER

TO:	Registration S Division of Co						
SUBJECT: TGV, LLC							
			ited Liability Company	· · · · · · · · · · · · · · · · · · ·			
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.				
Please	return all corresp	ondence concerning this matte	r to the following:		ZOII J SECR TALLA		
			Jeanatte Valeus		JUN @6 AHASSE	F	
			Name of Person		NØ6 AM 8: 3 TÄRY OF STÄTI ASSEE: FLORI	T.	
			TGV, LLC Firm/Company		8: 34 0RIDA		
450 NW 134th Street							
			Address				
			lorth Miami, FL 33168				
			City/State and Zip Code				
		E-mail address:	weetbakery@yahoo.com to be used for future annual report notifical	tion)			
For fur	ther information o	concerning this matter, please		,		سنعتر	
·····		anatte Valeus		71-3210			
	Name (or retson	Area Code & Daytime T	elepnone Number			
Enclose	ed is a check for t	he 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 For Certificate of Certified Copy (additional copy)	Status &		
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle			

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

	TGV, LLC			
(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)		•
The Articles of Organization for this Limited	Liability Company were filed on	04/21/2011	and assigne	d
Florida document number L1100004	47660			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> :		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	ny," the designation '	"LLC" or the abbre	viation
Enter new principal offices address, if appli	cable:	. **	201 TAL	
(Principal office address MUST BE A STRE	ET ADDRESS)		I J	
			TA AS	(\$) {
			333 34,0 36,0	
Enter new mailing address, if applicable:				[45]
(Mailing address MAY BE A POST OFFICE		<u> </u>	ائ _{ىدى} يۇ ــــــ	
B. If amending the registered agent and registered agent and/or the new registered of	/or registered office address on o office address here:	ur records, <u>enter</u>	the name of the	: new
Name of New Registered Agent:	Jeanatte Valeus			
New Registered Office Address:	450 NW 134th Street			
	Enter Florida street address			
	North Miami	, Florida	33168	
	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 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

Page 1 of 2

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	Jeanatte Valeus	450 NW 134th Street North Miami, FL 33168	Add Remove
MGR	Etienne, Lois	450 NW 134th Street North Miami, FL 33168	Add Remove
MGR_	Valeus, Janet	450 NW 134th Street North Miami, FL 33168	Add Remove
MGR	Fanette Joseph	450 NW 134th Street North Miami, FL 33168	Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necess	and the same of th
			ZOII JUNGS AM 8: 34 SECRETARY OF STATE ALLIANASSEE FLORIDA
Dated	June 1 ,	Cennatte Valen	34 34
	Signature of a	member or authorized representative of a member	
		Jeanatte Valeus Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00