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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CAUSEWAY QUEEN LLC
50202	Name of Limited Liability Company
The enc	osed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	LINDA WASSERMAN
	Name of Person
	Firm/Company
	Address DUNEDIN FL 34698 City/State and Zip Code SR. CANSENAND UEGJO GMAIL. Com E-mail address: (to be used for future annual report notification)
	Address
	DUNEDIN, FL 34698
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furtl	er information concerning this matter, please call:
	Name of Person at (727, 330 - 6408) Area Code & Daytime Telephone Number
	Name of Person Area Code & Daytime Telephone Number
Enclose	is a check for the following amount:
\$25.0	0 Filing Fee \$\ \begin{array}{c} \\$30.00 Filing Fee & \begin{array}{c} \\$55.00 Filing Fee & \begin{array}{c} \\$60.00 Filing Fee, \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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

TO SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION ARTICLES OF AMENDMENT

干批土贝

11 JUL 19 PM 12: 01

(Name of the Limited Liabil (A Florid	ty Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Florida document number		A4 3 , 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	nited liability company here:		
TN TOUCH PROP The new name must be distinguishable and end with the w	ERTY MANAGEME	ENT LLC	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	ORESS)		
		 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
-			Add Remove
			Add Remove
		·	Add Remove
			Add Remove
D. If amen 	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF SECRETARY OF CORP
 Dated	July 14,	2011.	OF STATE ORPORATIONS PH 12: 01
	LINDA	mber or authorized representative of a member OASSERM AN Oped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00