## L11000054811

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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02/03/12--01022--008 \*\*25.00



D. BRUCE
FEB 0 6 2012
EXAMINED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TJ YOUNG LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TJ Young Name of Person
TTYOUNG LLC Firm/Company
MINISW 14 ST Address AFF TO T
MIAMI FLA 33144  City/State and Zip Code
TJYOUNG LICE COMCAST, NET TO TE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
TJ YOUNG at (305) 951-5336  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$55.00 Filing Fee \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$\$}\$
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.)  billity Company)				
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	ty company here:				
The new name must be distinguishable and end with the words "Limited "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)	Z FEB TO LAKE THE SEE				
Enter new mailing address, if applicable:	ुं स मा				
(Mailing address MAY BE A POST OFFICE BOX)	SINCE AS				
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:					
Name of New Registered Agent:	YOUNG				
New Registered Office Address:	I SW 14 ST Enter Florida street address				
	AM , Florida 33144 City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pro- being filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	te performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is				

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 MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
****			Add Remove	
			Add Remove	
<del></del>			Add Remove	
			Add Remove	
<del></del>			Add Remove	
<del></del>			Add Remove	
D. If amer		e(s) here: (Attach additional sheets, if necessary.)	12 FEB - 3 MILZ: 26 TATELAHASSEE, FLORIDA	
Dated	1 10 Hours	12.	- 1875 -	
	454 480	or authorized representative of a member  \[ \int \]  or printed name of signee	<del></del>	

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Filing Fee: \$25.00