13239628300 From: Amanda Sando Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)962-3889 Fax Number

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 TANDRAGEE CAPITAL MANAGEMENT LLC

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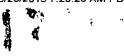
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Corporate Filing Menu

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TO:

Registration Section



COVER LETTER

Div	ision of Cor	porations			
CHD IFCT.	Tandragee	Capital Management LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Cheyenne Moseley			
			Name of Person	<u> </u>	
•		Legalzoom.com, Inc.			
			Firm/Company		
		100 W. Broadway Suite	100		
			Address		
		Glendale, CA 91210			
		ina-lun-10	City/State and Zip Code		
		josephmara l@mac.com E-mail address: (to be used for future annual repo	rt notification)	
For further i	nformation c	oncerning this matter, please ca	all:		
Imelda Va	squez		323 962-8	600 ext 7950	
	Name o	ſ Person		Daytime Telephone Number	
Enclosed is	u cheek for ti	he following amount:			
□ \$25,00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose)	☐ \$60.00 Filing Certificate of Certified Co (additional cop	f Status &
	Regist	ING ADDRESS: ration Section	Registration	OURIER ADDRESS: Section Comporations	

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

Tandragee Capital Management LLC				
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)			
The Articles of Organization for this Limited Liability C Florida document number <u>L11000138714</u>	Company were filed on 12/09/2011	and a	ssigne	z i
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
Tandragee Consulting Services LLC		\mathbb{F}_{i_0}		
The new name must be distinguishable and end with the words "Lir	mited Liability Company," the designation "LLC" of	the ubbreviouon	· ICIDC	. **
Enter new principal offices address, if applicable:		34	×	18 B. Thoug
(Principal office address MUST BE A STREET ADDR	RESS)	為型	2	Patter:
		(2) F	9	The same
			<u> </u>	
Enter new mailing address, if applicable:		133		्र के प्र इंड्र ाम्बर् ड
(Mailing address MAY BE A POST OFFICE BOX)		215*		10.00
			<u> </u>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	stered office address on our records, <u>es</u> ress here:	iter the name	<u> 2 of t</u>	he new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florid	a		
	City	Zip Code	7	
New Registered Agent's Signature, if changing Registered	d Agent:			
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and conaccept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I gent as provided for in Chapter 605, F.S.	am familiar w Or, if this doc	ith an cumen	ıd
	If Changing Desistance August Change of No.	an Dandadanak 4 =		•

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR≈ M AMBR-A	anager uthorized Member	per		
Title	<u>Name</u>	Address	Type of Action	
·			🖸 Add	
			☐ Remove	
				
			Remove	
			Add	
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			□ Add	
		part	☐ Remove	

			□ Remove	

If amending any	ther information, enter change(s)	here: (Attach additional s	heets, if necessary.)
	•		
		·	

(The effective date mus	ther than the date of filing: the specific, cannot be prior to date of receit is filed by the Florida Department of State)	pt or filed date and cannot be more	(optional) e than 90 days after
Dated 5/19/20	15	•	
	(S)	Mara	
*** -	·	r schorized representative of a n Joseph Mara	nember
	Typed or	nrinted name of signee	

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Filing Fee: \$25.00

15 MAY 26 AM 7: 19