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FALL MIASSELY FLORIDA

K. SALY EXAMINER

FEB 2 0 2012

## **COVER LETTER**

TO: Registration S Division of Co		·	
SUBJECT:	Tiburo	n Group, LLC	
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Jack Alexander	
		Name of Person	
		Tiburon Group, LLC	_
		Firm/Company	
		PO Box 150535	
		Address	,, <u></u>
	C	Cape Coral, FL 33915	
		City/State and Zip Code	
	Jac	k.Alexander@gmx.com	
	E-mail address: (	to be used for future annual report notificat	ion)
For further information	concerning this matter, please of	all:	
	ack Alexander	at (	03-7500
Name	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

FILED

12 FEB 17 PM 3: 21

SECRETARY OF STATE

ALLAHASSEE, FLORIDA:

Tiburon Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	lity Company were filed on _	December 19, 2011	_ and assigned
Florida document numberL1100014192	<del>.7</del> .		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>here</u> :	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Co	mpany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
-	, Florida		
	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

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 Title Title <u>Name</u> <u>Address</u> Type of Action Jack C Alexander Jr MGRM PO Box 150535 ✓ Add Remove Cape Coral, FL 33915 Jack C Alexander Jr MGR ☐ Add 20875 Santorini Way North Fort Myers, FL 33917 √ Remove MGRM Jack C Alexander Sr 20875 Santorini Wav **☑** Add North Fort Myers, FL 33917 Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February 10 2012 Dated \_\_\_\_ Signature of a member or authorized representative of a member Jack C Alexander Jr Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00