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EXAMINER

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COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	TILFORD, LLC		
	Name of Limited Liability Company		
The enclose	d Articles of Amendment and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning this matter to the following:		
	JOSHUA D. KRUT Name of Person	2012 FI	
	WEISS SEROTA HELFMAN, ET AL.	2012 FEB -8 SEURE PARTALLAHASS	•
	Firm/Company		
	200 E. BROWARD BOULEVARD #1900	PA 4 10 OF STATE E. FLORIO	
	Address	5 A	
	FT. LAUDERDALE, FLORIDA 33301		
	City/State and Zip Code JKRUT@WSH-LAW:COM(198888)		
For further i	1818 (1818 181		
	JOSHUA D. KRUT at (954) 763-4242		
	Name of Person Area Code & Daytime Telephone Number		
Enclosed is a	check for the following amount:		
∕ \$25.00 F	(additional copy is enclosed) Certified	te of Status &	
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314-Out 1970 for the page 186 page 2661-Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TILFORD, LLC				
(Name of the Limited (A	Liability Company as it now appears Florida Limited Liability Company)	on our records.)			
The Articles of Organization for this Limited Li Florida document number		01/13/2012	and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability company here	:			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Compan	_	5		
Enter new principal offices address, if applica	ble:	AHA			
(Principal office address MUST BE A STREE)	T ADDRESS)	(1) (V)			
		98	ŧ O		
Enter new mailing address, if applicable:	<u> </u>	77	3		
(Mailing address MAY BE A POST OFFICE)	<u> </u>				
B. If amending the registered agent and/o registered agent and/or the new registered off		r records, <u>enter tl</u>	ne name of the new		
Name of New Registered Agent:	JOSHUA D. KRUT, ESQ., W	/EISS SEROTA I	HELFMAN, ET		
New Registered Office Address:	ed Office Address: 200 E. BROWARD BOULEVARD, SUITE 1900				
Enter Florida street addres			ess		
	FT. LAUDERDALE,	, Florida	33301		
•	City		Zip Code		
Nov. Dogistored Acoutle Cimpeture if shamping D					

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 = N MGRM =	ศัลกager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add
		AHASSEE.	Add PRemove
		7 (0) 20)	Add C
			Add Remove
D. If amer	nding any other information, enter chan	nge(s) here: (Attach additional sheets, if necessary.)	
_			<u> </u>
-			
Dated	7	In D. O atta	<u> </u>
		or authorized representative of a member OSHUA D. KRUT d or printed name of signee	

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