## 212000019894

(Requ	estor's Name)	
(Addre	ess)	
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VICTOR OF CONFORATIONS

AUG 2 7 2012 T. HAMPTON

## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations					
cudieow.	T RASSETI	MANAGEMENT LLC			
Name of Limited Liability Company					
The enclosed Articles of A	Amendment and fee(s) are sul	bmitted for filing.			
	ndence concerning this matter	-			
rease retain an correspon	dence concerning this matter	to the following.			
	(	Carlos Tramontana Sr.			
	Name of Person				
Firm/Company					
	_				
	Post Office Box 7784  Address				
		rediess			
	Wesl	ey Chapel, Florida 33545			
·		City/State and Zip Code			
	Peassetma E-mail address: (	anagementgroup@yahoo.com to be used for future annual report notifica	n tion)		
For further information co	ncerning this matter, please of	eall:			
Name of	Person	at ()	Calcula are Niverbou		
Name of	Name of Person Area Code & Daytime Telephone Number				
		•			
Enclosed is a check for the		<u> </u>	_		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILI	NG ADDRESS:	STREET/COURIE	R ADDRESS:		
	tion Section of Corporations	Registration Section Division of Corporations			
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		er Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILLID SECRETARY OF STATE DIVIDION OF CORPORATIONS

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T.B ASSET MAN			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now app Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	February 9, 2012	and assigned
Florida document numberL12000019894			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company l	<u>here</u> :	
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Cor	npany," the designation "LI	C" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	Post Office	Box 7784	
(Mailing address MAY BE A POST OFFICE BOX)	Wesley Ch	apel, Florida 33545	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		n our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street addre	ess
		. Florida	
<del></del>	City	, 1 101144	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 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> Address Type of Action **MGRM** Carlos Tramontana Sr. Post Office Box 7784 ✓ Add Wesley Chapel, Florida 33545 Remove ☐ Add Remove ☐ Add Remove ∏ Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 22 2012 Dated \_\_\_ Signature of a member or authorized representative of a member Carlos Tramontana

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee