

L/2000026570

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

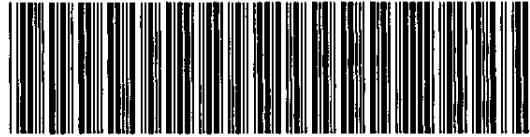
(Document Number)

Certified Copies _____ Certificates of Status _____

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OCT 30 2012
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2012 OCT 26 PM 3 18
STATE OF FLORIDA
TALLAHASSEE, FL 32310

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TB-P Melbourne I, 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:

Rachel Stephens
Name of Person
Firm/Company
100 N. Harbor City Blvd
Address
Melbourne, FL 32935
City/State and Zip Code
rachel@strategix.us
E-mail address: (to be used for future annual report notification)

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2012 OCT 26 PM 3 16
TALLHASSEE, FLORIDA

For further information concerning this matter, please call:

Rachel Stephens at (321) 604-3073
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

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**

TB-P Melbourne I, 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 Liability Company were filed on February 24, 2012 and assigned Florida document number L12000026570.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

100 N. Harbor City Blvd

Melbourne, FL 32935

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 1358

Melbourne, FL 32902

FILED
2012 OCT 26 PM 3:13
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF BREVARD
FLORIDA

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:

Thomas E. Biddix

New Registered Office Address:

100 N. Harbor City Blvd

Enter Florida street address

Melbourne

Florida

32935

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.

Thomas E. Biddix
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:

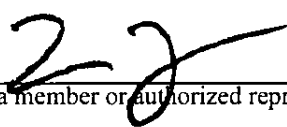
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Thomas E. Biddix	100 N. Harbor City Blvd Melbourne, FL 32935	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 OCT 25 2012
 3 18
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated October 25, 2012



 Signature of a member or authorized representative of a member
 Thomas E. Biddix

 Typed or printed name of signee