L12000037120

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EXAMINER



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COVER LETTER

TO: Registration Division of C				
SUBJECT.	TBF HO	OLDINGS LLC		
SUBJECT:		ted Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
		BRIAN BLACK Name of Person		
			7	
	TBF HOLDINGS LLC			
Firm/Company				
	741 CRESTBROOK LOOP			
		Address		
	LC	NGWOOD, FL 32750		
		City/State and Zip Code		
	mrt	orianblack@yahoo.com		
For further information	E-mail address: (concerning this matter, please of	to be used for future annual report notific call:	cation)	
BRIAN BLACK			277-2860	
Namo	e of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 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		STREET/COURING Registration Section Division of Corpora	1	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	F HOLDINGS LLC			
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appea ida Limited Liability Company)	rs on our records.)		
•	,,		~ 68	
The Articles of Organization for this Limited Liability	ty Company were filed on	03/16/2012	and assened 🛒	
Florida document numberL12000037120	•		`& G	
			3	
This amendment is submitted to amend the following	g :		G	
A. If amending name, enter the new name of the	limited liability company he	re:	7	
3		 -		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	DDRESS)			
			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX			1000	
				
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on (iddress here:	our records, <u>enter tl</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:	Fи	iter Florida street addr		
	Lines vitoriau street auaress			
	City	, Florida	Zip Code	
	Unity		LIP COULC	

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 Type of Action <u>Title</u> Name | **Address** MGR LARA H. BLACK 741 CRESTBROOK LOOP □ Add LONGWOOD, FL 32750 ✓ Remove LARA H. BLACK MGRM 741 CRESTBROOK LOOP ✓ Add Remove LONGWOOD, FL 32750 MGRM BRIAN P. BLACK 741 CRESTBROOK LOOP ✓ Add LONGWOOD FL 32750 Remove ☐ Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2012 **JULY 11** Dated _____ Signature of a member or authorized representative of a member BRIAN P. BLACK Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00