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SECRETARY OF STATE
SHANKSSEF FLORIDA

COVER LETTER

| TO: Registration Section Division of Corporations SUBJECT: 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: |
| Thomas Peter Clark Jr. |
| Name of Person TCP Tydustries, LLC Firm/Company |
| 2837 SW 4th Ct. |
| Boyhton Reach AT 33435 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Thomas P. Clark at (56), 715-1052 |
| Name of Person Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$30.00 Filing Fee \$ S55.00 Filing Fee \$ S55.00 Filing Fee \$ Certificate of Status \$ Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

| TCP In | dustries, | LLC |
|--|--|---|
| (Name of the Limited Liabi (A Florid | lity Company as it now appears of la Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liability Florida document number | y Company were filed on | and assigned AHASS |
| This amendment is submitted to amend the following: | | FILED R 20 PH 12: 2 TARY OF STAT HASSEE, FLORE |
| A. If amending name, enter the new name of the line of | | 2: 25 STATE LORIDA |
| The new name must be distinguishable and end with the v "L.L.C." | words "Limited Liability Company | "the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET AD | DRESS) | |
| | <u> </u> | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or reg | • | 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR'= M MGRM = | anager Managing Member | | |
|-------------------|--|---|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| <u></u> | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amer | nding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessar) | FILED 12 APR 20 PH 12: 25 SECRETARY OF STATE |
| Dated | 4/18/2012, 20 | 212 - April, 18 - Danh A | |
| | Thomas | er or authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00