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SECRETARY OF STATE

D. BRUCE

ILIN 0 5 2012

EXAMINER

COVER LETTER

Division of Co	rporations				
SUBJECT:	Т	GRS, LLC			
	Name of Lim	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.			
Please return all correspondent	ondence concerning this matte	r to the following:			
	S	STEVE L. WASERSTEIN			
		Name of Person			
	WNF CO	DRPORATE SERVICES, LLC			
		Firm/Company			
	201 S	BISCAYNE BLVD., 34TH FL			
	2013.	Address			
MIAMI, FL 33131 City/State and Zip Code					
		slw@wnflaw.com			
	E-mail address:	(to be used for future annual report notification)			
For further information of	concerning this matter, please	call:	JUN-5 PH		
0.		700 0700			
Steve L. Waserstein at (305) 760-8502 Name of Person Area Code & Daytime Telephone Number					
Name	7 1 (130)	Area Code & Daytime Telephone (Vanioe)	PH 2: 54 OF STATE E. FLORID		
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Enclosed is a check for t	•				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &		
MAII	INC ADDRESS.	STREET/COURIER ADDRESS:			
MAILING ADDRESS:		STREET/COURIER ADDRESS:			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TGRS, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	ars on our records.)	
(***********	·		
The Articles of Organization for this Limited Liability	Company were filed on	May 11, 2012	and assigned
Florida document numberL12000064109	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	ere:	
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Comp	oany," the designation "l	LC" or the abbreviatio
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	ORESS)		
			26 73
Enter new mailing address, if applicable:			AS A
(Mailing address MAY BE A POST OFFICE BOX)			E
			77 =
			S
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, enter	
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ada	ress
		, 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 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> **Address Type of Action** MGR TODD M. GLASER P.O. Box 402249 ✓ Add Miami Beach EL 33140 Remove Remove Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ imper or authorized representative of a member Signature of a m

Pyped or printed name of signee
Page 2 of 2

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Filing Fee: \$25.00