## 112000000051

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							





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12 JUL 23 PM 3-12

B. BOSTICK

JUL 2 4 2012

EXAMINER

## **COVER LETTER**

TO:	Registration Sect Division of Corpo						
SUBJ	ест: <u>Т.А.Р</u>		COLLECTION LLC ed Liability Company	<del></del>			
		mendment and fee(s) are sub					
Please	return all correspond	dence concerning this matter	to the following:				
		KENNY	Teau Name of Person	-			
		TRIEU,	Firm/Company	,			
			J. UNIVERSITY DA. Address				
		Conqu Sp	RENGS FL 33065 City/State and Zip Code		TALL	175	
		E-mail address: (1	TRIBU - LLC. Com o be used for future annual report notifica	tion)		JUL 23	3
For fu	rther information cor	ncerning this matter, please or		,	SSEE.		Karren Santa Sa Santa Santa Santa Santa Santa Sa Santa Santa Sa Sa Santa Sa Sa
<del></del>	KENLY Name of I	Teav Person	at ( <b>954</b> ) 668-456 Area Code & Daytime T	Telephone Number	LLAHASSEE, FLORIDA	# 9 K	And se
Enclos	sed is a check for the	following amount:					
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$			S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
		IG ADDRESS:	STREET/COURIE Registration Section	R ADDRESS:			

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

TO:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City		Zip Code		
,	, Florida				
New Registered Office Address:		Enter Florida street	adress		
Name of New Registered Agent:					
		-			
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address <u>e address here</u> :	on our records, <u>ent</u>	er the name of the new		
D. 16					
			70 a		
(Mailing address MAY BE A POST OFFICE BC	<u></u>		FR		
Enter new mailing address, if applicable:			13 1		
	<del> </del>				
(Principal office address MUST BE A STREET A	<u>ADDKESS)</u>		E is		
Enter new principal offices address, if applicab			<del> </del>		
"L.L.C."	no nords Emiliou Elacility (	company, are acaignance	M DEC OF THE AUDIENTATION		
The new name must be distinguishable and end with t	he words "Limited Lighility (	Company " the designation	on "LLC" or the abbreviation		
A. If amending name, enter the new name of the	ne limited liability compar	<u>v here</u> :			
This amendment is submitted to amend the follow	ing:				
riorida document number <u>1100004045</u>	<u> </u>				
Florida document number <u>L120009045</u>	• • •		and assigned		
The Articles of Organization for this Limited Liab	ility Company were filed o	7/12/2013	and assigned		
(Name of the Limited Li (A F)	ability Company as it now a orida Limited Liability Comp	appears on our records.  Dany)	)		
T.A.P. GLOGA	L BEER COLL	CTION			

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> Name **Address Type of Action** PAIGE MGRM PRESNELL 100 S.E. 3RD AVE M Add Remove FORY LAUDERDALE, FL ☐ Add Remove ☐ Add Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated July 19th Signature of a member or authorized representative of a member

Page 2 of 2

KENNY TRAN
Typed or printed name of signee

Filing Fee: \$25.00