L12000118643

(Re	equestor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	:#)
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B. BOSTICK

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EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

TCM FLGAMS 2, 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:

Nicole C. Smith

Name of Person

Trax Capital Management

Firm/Company

200 South Orange Avenue, Suite 2800

Address

Orlando, FL 32801

City/State and Zip Code

nsmith@traxcapital.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole C. Smith

Name of Person

at (407) 377-0565 x703

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

TCM FLGAMS 2, LLC		
(Name of the Limite	d Liability Company as it now A Florida Limited Liability Con	appears on our records.)
The Articles of Organization for this Limited	Liability Company were filed	on 9/17/2012 and assigned
Florida document number L12000118643	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability compa	any here:
	vith the words "Limited Liability	Company," the designation "LLC" or the abbreviation
"L.L.C."		TALL
Enter new principal offices address, if appli	icable:	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	
		SSE THE
	-	
Enter new mailing address, if applicable:		FLORE 3:
(Mailing address MAY BE A POST OFFICE BOX)		Dr. O
1.7.4.4.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
B. If amending the registered agent and	l/or registered office addre	ss on our records, enter the name of the nev
registered agent and/or the new registered	office address here:	
•		
Name of New Registered Agent:	Nicole C. Smith	
New Registered Office Address:	200 South Orange A	venue, Suite 2800
		Enter Florida street address
	Orlando	, Florida 32801
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Trax Capital Management, LLC	200 South Orange Avenue	P ✓ Add
		Suite 2800	Remove
		Orlando, FL 32801	_
			Add
			Remove
			_
			Add
			Remove
			-
		TALLAH/	
		ASSEE.	•
		FLORIDA	्रे क्रिया - स्था
		_>	Add
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	Novamber 5th, 2012.
	Comment of the second of the s
	Signature of a member or authorized representative of a member
	Frédéric Guitton - Managing Director, Trax Capital Management, LLC
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00