# 12000144190

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SECRETARY OF STATE
AND AHASSEE, FLORIDA

#### **COVER LETTER**

TO:

Registration Section

**Division of Corporations** 

SUBJECT:

## T & B HOLDING GROUP, 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:

## DANIEL ALVAREZ

Name of Person

TAX CARE, INC

Firm/Company

417 CENTER POINTE CIR. SUITE 1737

Address

ALTAMONTE SPRINGS, FL 32701

City/State and Zip Code

DANIEL@TAXCAREINC.COM

;

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

For further information concerning this matter, please call:

## DANIEL ALVAREZ

<sub>a</sub>,407,**//4-**0861

Name of Person

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

#### T & B HOLDING GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	Company were filed on 11/14/2012	and assigned	
Florida document number L12000144190	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)	<del></del>	
Euton more molling address (formalisable)	;	,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		ter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	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, 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 **Address** Title <u>Name</u> 5502 SAN GABRIEL WAY 📝 Add **NELSON MATA** MGR ORLANDO, FL 32837 Remove Remove Remove Remove Remove

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
_	
<del></del>	44
Dated	MAY 29 , 2013
	Signature of a member or authorized representative of a member  Vito M Tubreolo G
	Typed or printed name of signee

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Filing Fee: \$25.00