L12000146250

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SECRETARY OF STATE

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EXAMINER

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBTRCT

TJBCG 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:

Christie L. Mitchell, Esq.

Name of Person

Mitchell & Valverde, P.A.

Firm/Company

4700 Millenia Blvd., Ste. 175

Addres

Orlando, FL 32839

City/State and Zip Code

christie@mavlegal.com

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

For further information concerning this matter, please call:

Christie L. Mitchell, Esq.

₃₁,407₃ 505-4270

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 12 DEC 10 AM 9: 39

APPROVEI

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TJBCG LLC | | |
|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | pany as it now appears on our records Liability Company) | <u>r)</u> |
| The Articles of Organization for this Limited Liability Compar Florida document number <u>L12000146250</u> . | ny were filed on 11/20/2012 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| TJBGC LLC | | • |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | mited Liability Company," the designat | ion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | - Acc |
| | | 2 D |
| | | ¥ |
| Enter new mailing address, if applicable: | | SS PA |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u> </u> |
| • | | <u>• • • • • • • • • • • • • • • • • • • </u> |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, <u>er</u> | nter the name of the new |
| registered agent and/or the new registered office address in | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida stree | et address |
| | , Florid | · · · · · · · · · · · · · · · · · · · |
| | 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 | | | | | |
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| December 4 | 2012 |
| | Contelled |
| Christie L. | Signature of a member or authorized representative of a member Mitchell, Esq. |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE TALLAHASSEF, FLORIN

APPROVED .