

L13000026675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

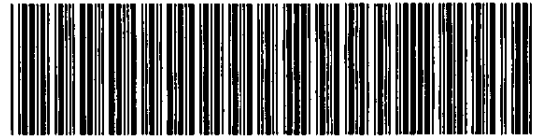
(Business Entity Name)

(Document Number)

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2013 OCT 18 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. O'Neil OCT 18 2013



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 7, 2013

OMER BADER  
BADERS FINANCIAL CENTER INC.  
359 LANTERBACK ISLAND DRIVE  
SATELLITE BEACH, FL 32937

SUBJECT: TGC, THE GARDEN CLUB, LLC  
Ref. Number: W13000055720

We have received your document for TGC, THE GARDEN CLUB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 813A00023505

NISA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: THE TORTOISE ISLAND GARDEN CLUB 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:

Name of Person  
BADER'S FINANCIAL CENTER, INC  
Firm/Company  
359 LANTERN ROCK ISLAND DRIVE  
Address  
SATELLITE BEACH, FL. 32937  
City/State and Zip Code  
baderfine@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OMER BADER at 305 310-1018  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee  
90 NISA
- ☐ \$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

NISA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

THE TORTOISE ISLAND GARDEN CLUB, 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 2/19/2013 and assigned  
Florida document number L13000026675

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

T.G.C. THE GARDEN CLUB, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCT. 10<sup>th</sup> 2013

O. Bader

Signature of a member or authorized representative of a member

OMER BADER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 OCT 18 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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