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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporati	ons
SUBJECT: TL	Name of Limited Liability Company
The enclosed Articles of Amend	ment and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
	RICHARD KERPER Name of Person
_	TLE LL ACQUISITION, LLC
_	2420 ENTERPRISE ROAD # 201
	CLEARWATER, FL 33763 City/State and Zip Code
	FLORIDA, 2DEAOL, COM E-mail address: (to be used for future annual report notification)
For further information concerni	ng this matter, please call:
RICHARD E	Area Code Daytime Telephone Number
Enclosed is a check for the follow	wing amount:
\$25.00 Filing Fee	R0.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy 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

TLE LR ACGUISITH	ON, LLC
TLE LR ACGUISITIE (Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{2/18/19}{}$ and assigned
Florida document number <u>L 13 0000 39</u> 27	19
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)	P 7
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	20 E
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
mGRM	FEINBERG FAMILY TRUST	919 Ramona St	
		PALOALTO, CA 94301	Remove
1 <u>ngrm</u>	RGK DEVELOPMEN, IN	2 2420 ENTERACISE PO	iX /Add
		SuiTE #201	Remove
		CHEPRWATER, FL 33763	Change
MGRM	MWR RURCHASING GROW	ip.Lic	Add
		210 HILLSBORD TECHNOLOGY	<u>R</u> □ Remove
		DEERFIELD BEACH, FL 334	4 Change
MGRM	RICHARD KERPER	2420 ENTERPRISE ROAD	□ Add
		Suite 201	Remove
		ChEARWATER, FL 33763	
NGRM	RICHARD KERPER	2420 EMERPRISEROAD	□ Add
		SUITE 201	Remove
		CLEARWATER FL 33763	🗆 Change
			□ Add
			_□ Remove
			_□ Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
Note: 1	e date, if other than the date of filing:
f the reco b) The S	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 00th day after the record is filed.
Dated _	Signature of a member of authorized representative of a member
	RICHARD KERPER Typed or printed name of signee

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Filing Fee: \$25.00