# L13000039298

| (Re                     | questor's Name)    |             |
|-------------------------|--------------------|-------------|
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| (Cit                    | ry/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | ısiness Entity Nar | me)         |
| (Do                     | ocument Number)    |             |
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SECRETARY OF STATE

AUG 2 0 2013

T. HAMPTON

#### **COVER LETTER**

TO: Res

Registration Section
Division of Corporations

eub iect.

TL 2000 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:

# LUIS R LIZARRAGA

Name of Person

TL 2000 LLC

Firm/Company

## 1840 WEST 49 STREET SUITE 308

Address

HIALEAH, FL 33012

City/State and Zip Code

TL2000LLC@GMAIL.COM

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

For further information concerning this matter, please call:

# LUIS R LIZARRAGA

 $_{at}(\underline{305}_{)}586-3290$ 

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

**№** \$25.00 Filing Fee

□\$30.00 Fiting Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐S60.00 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

| TL 2000 LLC   |   |                                 |
|---|---|---------------------------------|
| ( <u>Name of the Limited Liability Compar</u><br>(A Florida Limited L   | ny as it now appears on our record<br>lability Company) | <u>ls.</u> )                    |
| The Articles of Organization for this Limited Liability Company Florida document number L13000039298.                   | were filed on 08/12/13 -                                | and assigned SECKET             |
| This amendment is submitted to amend the following:   |   | FILED<br>OF COR                 |
| A. If amending name, enter the new name of the limited liab   | ility company here:                                     | F SIMILE AT I                   |
| The new name must be distinguishable and end with the words "Limi "L.L.C."  | ted Liability Company," the designa                     | ntion "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:   | 1840 WEST 49 STRE                                       | ET SUITE 308                    |
| (Principal office address MUST BE A STREET ADDRESS)   | HIALEAH, FL 33012                                       |                                 |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                   | 1840 WEST 49 STRE<br>HIALEAH, FL 33012                  | EET SUITE 308                   |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here |   | enter the name of the new       |
| Name of New Registered Agent:   |   |                                 |
| New Registered Office Address:  | Enter Florida stre                                      | eet address                     |
|   | , Flori   | ida<br>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

| <u>Title</u> | <u>Name</u>       | Address                   | Type of Action                   |
|--------------|-------------------|---------------------------|----------------------------------|
| MGR          | BRITO, GLEDA      | 7201 NW 27 AVE            | Add                              |
|              |                   | MIAMI, FL 33147           | Remove                           |
| MGR          | LIZARRAGA, RHAIZA | 1840 WEST 49 ST SUITE 308 | Add                              |
|              |                   | HIALEAH, FL 33012         | Remove                           |
|              |                   |                           | Add DIVORE IA                    |
|              |                   |                           | ARY OF STATE SCREDURATION Remove |
|              |                   |                           | Add Remove                       |
|              |                   |                           | Add Remove                       |

| If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| AUGUST 12 2013   |
| ed /100001 12 2010   |
|  |
| Signature of a member or authorized representative of a member                                     |
| "   <i>/</i>   |
| LUIS R. LIZARRAGA  |

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE BIVISION OF COMPANION