## 1/3000040492

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## **COVER LETTER**

Division of Corporations
SUBJECT: Tandem Resource 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:
Hison G. Smith
Tanden Resurce Cray, LLC
11631 SW 1744 Shreet
Pendoroke Pines FL 33025 City/State and Zip Code
Fondenressurce group @ gravil. com E-mail address: (to be used) for future annual report notification)
For further information concerning this matter, please call:
Pusm Snith at (240) 535-9184  Area Code Dayrine Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certified Copy \\ (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee. \$\Big

MAILING ADDRESS:

TO: Registration Section

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

	Source Only, LLC
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on dur records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L1300040492</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	1631 SW 17th Street Pembrore Pins, FL 33025
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	11631 SW 17th Shreet Pembroke Pinos, FL 33025
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	lison Snith
New Registered Office Address:	Enter Florida street address
<u>te</u>	mbroke Pines, Florida 33025

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> Address **Type of Action** MGRM Rawle Smith 1955 NW 1154 Street DAGG \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change Remove Change \_□ Remove \_□ Change ☐ Remove

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Filing Fee: \$25.00