## 4/30000556/5

(Po	questor's Name	
(Re	questors maine,	1
(Ad	dress)	
<i>(,</i>	u.000,	
(Ad	dress)	
(Cit	y/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number	)
Certified Copies	Certificate	s of Status
	_	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Special Instructions to	Filing Officer:	
	11	M 5 2212
		M - 3 2013
	A	L LUNT

Office Use Only



500247641155

05/10/13--01006--007 \*\*25.00

2013 HAY 28 PH 2 LI



May 15, 2013

THOMSIN PIERRE 2802 NW 60TH TR. SUITE 257 SUNRISE, FL 33313

SUBJECT: TP&79 INVESTMENTS, LLC

Ref. Number: L13000055615

We have received your document for TP&79 INVESTMENTS, 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):

Is the company changing its name? If the entity name is changing then the name must end with LLC.

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) 245-6094.

Agnes Lunt Regulatory Specialist II

Letter Number: 313A00012243

## COVER LETTER

	istration Se sion of Cor						
SUBJECT:		P + 79	TNUE S	tments, LLC ed Liability Company			
The enclosed	Articles of	Amendment and	l fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concern	ing this matter	to the following:			
		19 2802 Sunr Pier	NW 6	Name of Person  Vestments, LL  Firm/Company  OTH TR SU  Address  L 33313  City/State and Zip Code  N@yahoo, Co o be used for future annual report n	on 257	2013 MAY 28 PH 2 M	FILED
For further in	formation o	concerning this r	,	•	ouncation)		
		•	naner, picase c				
The		Picrvc of Person		at (770) 949-	time Telephone Number		
		<del></del>			·		
Enclosed is a	check for t	he following am	ount:				
<b>≉</b> \$25.00 Fi	ling Fee	□\$30.00 Fil Certifica	ing Fee & ate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Fili Certificat	ng Fee, e of Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Li (A F)	ability Compar orida Limited L	y as it now appears on o iability Company)	ur records.)	<del></del>	
The Articles of Organization for this Limited Liab Florida document number		were filed on		and assigne	d
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	<u>ıe limited liabi</u>	lity company here:			
The new name must be distinguishable and end with the "L.L.C."	he words "Limit	ed Liability Company," th	ne designation "I	TOT the bbre	viation
Enter new principal offices address, if applicab	le:	2802 NW 60 Sunrise, FL	oth TR	Site	25
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>	Sunrise, FL	33313	TO THE STATE OF TH	
Enter new mailing address, if applicable:				動門で	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				
B. If amending the registered agent and/or registered agent and/or the new registered office	registered off e address here	ice address on our re	ecords, <u>enter t</u>	he name of the	e new
Name of New Registered Agent:	Thomsi	n Pierre w both TR	**************************************	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	1802 NI	W both TR	Suite	257	<u> </u>
		Enter Flo	orida street add	ress	
S	unvise	City	, Florida	3313	
		City		Zip Code	
New Degistered Agent's Signature if changing Dec	intornal Amounts				

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.

Theraca Pierre
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> mar Thomsin Piorre 2802 NW 60th TER SUITE 251 Add SUNRISE, FL 33313 Remove Remove Remove Remove Remove

ending ar	y other informati	on, enter change(s) he	ere: (Attach additional sheets, if necess
		<del>-</del>	
<u> 5-</u>	-13	,	<b>-</b> ·
	Thomsin	. Pien-	
		sture of a member or aut	thorized representative of a member
<u></u>	Signa	ature of a momber of aut	•
. <del></del>	_	n Pierre	•

Page 3 of 3

Filing Fee: \$25.00

----