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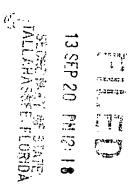
(Requestor	s Name)
(Address)	
(Address)	
(City/State/2	Zip/Phone #)
PICK-UP	WAIT MAIL
(Business E	Entity Name)
(Document	Number)
Certified Copies C	ertificates of Status
Special Instructions to Filing Of	fficer:

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TN Management Holdings, 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:

Aai	ron	B	loo	m
/ \U				

Name of Person

Firm/Company

310 10th Ave N

Address

Safety Harbor, FL 34695

City/State and Zip Code

aaron.bloom.gc@gmail.com

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

For further information concerning this matter, please call:

Aaron Bloom

.,727、420-2329

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IN Management Holdings		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records orida Limited Liability Company)	Ŋ
The Articles of Organization for this Limited Liab	ility Company were filed on April 25, 2013	and assigned
Florida document number L13000060592		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and end with to "L.L.C."	he words "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
		音楽
		Sil
Enter new mailing address, if applicable:		Sen Si
(Mailing address MAY BE A POST OFFICE BO	DX)	
		25 4 4 5 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6
B. If amending the registered agent and/or		ter the name of the new
registered agent and/or the new registered offic	e address here:	-
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		t address
	, Florid	a
	City	Zin 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
MGRM	MID FLORIDA SENIOR CHOICE, LLC	310 10th Ave N	Add
		Safety Harbor, FL 34695	Remove
MGRM	West Coast Commonwealth Partners, LLC	310 10th Ave N	
		Safety Harbor, FL 34695	Remove
			Add
			S II
			20 Add 17
		100 A	Remove
			Add
			Remove
			Add
			Remove

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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ated	,,
	Signature of a member or authorized representative of a member
	Ben Atkins
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 SEP 20 PH IZ: 18
SECHE WITH WE STATE