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COVER LETTER .

TO: Registration Se Division of Cor		•	
SUBJECT:	MG Cent. Name of Limite	ed Liability Company	LLC
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Joh-	Oobson Name of Person	<u>. </u>
	Tean	Macket 6	roup
	69 E.	Piess	, + ,
	<u>Orlan</u>	Lo F1 3 City/Stat/and Zip Code	2801 etgroup.com
	John C E-mail address: (to	teammark	etgroup.com
For further information c	oncerning this matter, please ea		
John Name o	Dobso- f Person	at (<u>407)</u> 496 Area Code & Dayti	me Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60,00 Filing Fee. Certificate 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 TO ARTICLES OF ORGANIZATION OF

SECRETAL A	2013 OCT 18	7
	PH 12: 18	

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/13/2013 and assigned Florida document number 4300114304.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the	<u>e limited liability company he</u>	re:
TM6 Ce	ntral Blv	d LLC
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	any," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	and the first of the state of t
		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
er new principal offices address, if applicable: acipal office address MUST BE A STREET ADDR er new mailing address, if applicable: address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered agent and/or the new registered office address May Registered Agent:	E	nter Florida street address
<u>-</u>		, Florida
	City	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 Changing Registered Agent, Signature of New Registered Agent

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 **Title** <u>Name</u> **Address Type of Action** Tean Market Groupuc 3422 old Capital Tril Wilnington, De 19808 Tean Management Groupell 3422 Old Capital Frail X Add Wilmington, De 19808 Remove Remove

D. Krai	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
•		_
		_
Dated _	sept 30 . 2013	
		·······
	Signature of member or authorized representative of a member	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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