

L13000423629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

4. 6111111111 MAY 09 2014



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TSG LOAN ADMINISTRATION 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:

CAMILO LOPEZ

Name of Person

THE SOLUTION GROUP

Firm/Company

4100 N. MIAMI AVENUE 2ND FLOOR

Address

MIAMI, FL 33127

City/State and Zip Code

camilo@thesolutiongroup.net

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

For further information concerning this matter, please call:

CAMILO LOPEZ

Name of Person

305 438-1259

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

TSG LOAN ADMINISTRATION LLC

(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 Sept. 3, 2013 and assigned
Florida document number L13000123629.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TSG MARKETING GROUP LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

4100 N. MIAMI AVENUE

2ND FLOOR

MIAMI, FL 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

THE SOLUTION GROUP CORP.

New Registered Office Address:

4100 N. MIAMI AVENUE 2ND FLOOR

Enter Florida street address

MIAMI

City

Florida

33127

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	VARLO HOLDINGS, LLC	4100 N. MIAMI AVE, 2ND FLOOR MIAMI, FL 33127	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	RAUL J. SANCHEZ DE VARONA	4100 N. MIAMI AVE, 2ND FLOOR MIAMI, FL 33127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CAMILO LOPEZ	4100 N. MIAMI AVE, 2ND FLOOR MIAMI, FL 33127	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____

APRIL 30 2014

Signature of a member or authorized representative of a member

CAMILO LOPEZ

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA