

L130000127135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

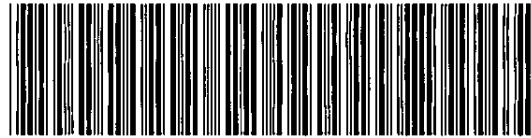
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
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APPROVED
AND
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13 NOV - 6 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
NOV - 6 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tallahassee Management & Leasing 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:

Katherine K. Allen
Name of Person

Tallahassee Management & Leasing Group, LLC
Firm/Company

1801 N. Meridian Road Suite C
Address

Tallahassee, FL 32303
City/State and Zip Code

KAllen@4renttallahassee.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Katherine K. Allen at (850) 933-7886
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV -6 PM 4:10

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AND
FILED

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

Tallahassee Management & Leasing Group 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 9/9/13 and assigned
Florida document number L13000127135

APPROVED
7/13/13
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

1801 North Meridian Rd,
Suite C
Tallahassee, FL 32303

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1801 North Meridian Rd,
Suite C
Tallahassee, FL 32303

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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	Name	Address	Type of Action
MGRM	Kimberly L. Daws	1201 N. Meridian Road Suite C Tallahassee, FL 32303	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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SEPTEMBER 13 13 NOV - 6 PM 1: 10
 TALLAHASSEE, FL 32303
 SEPT 13 2013

APPROVED
 FILED

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

Dated _____, _____.

Katherine K. Allen

Signature of a member or authorized representative of a member

Katherine K. Allen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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