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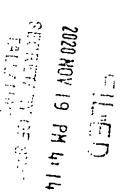
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(Document Number)
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JA 12/22/20

TO:

FO: Registration Se Division of Cor	porations		,
SUBJECT:	TB CARPEN	TER PARCEL LLC	
Source:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		MARIO A. ROMINE	
		Name of Person	
	TU	RNBERRY ASSOCIA	TES
		Firm/Company	
	10501 DISC	AYNE BOULEVARD,	SHITE AND
	19301 0130	Address	30111. 400
	A. (F	-NTUBA 51 0010 4 00	2400
	AVE	ENTURA, FLORIDA 33 City/State and Zip Code	3180
	CORPORATE	RECORDS@TURNBI	ERRY.COM
		to be used for future annual repo	
For further information c	oncerning this matter, please co	all:	
MARIO A. ROMIN	F	at (305) 93	33-5583
	if Person	Area Code D	Daytime Telephone Number
Enclosed is a check for t	he 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	Street Addre Registratio	n Section
Division of C P.O. Box 633			f Corporations : of Tallahassee
Tallahassee,		2415 N. M	onroe Street, Suite 810 e, FL 32303

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TB CARPENTER	PARCEL LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on liability Company)	our records.)	_	-	
The Articles of Organization for this Limited Liability Company	were filed on	10/29/2013	and a	assigne	ed
Florida document number <u>L13000151878</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company here:				
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new nam	ity Company," the desig	nation "L.I.C" or the abb	reviation	"L.L.C.	
Enter new principal offices address, if applicable:			() 5	≥	
(Principal office address MUST BE A STREET ADDRESS)		Ħ	19 6	3 3 •	
17 megan apper maneral and a second s			_ ; Ç	2 ,	1)
	•	: - 1 -	<u> </u>	ا م	
Enter new mailing address, if applicable:			<u>,</u>	D [1]
(Mailing address MAY BE A POST OFFICE BOX)			•	<u> </u>	7
			· 4	<u>-</u>	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our reco	rds, <u>enter the name</u>	of the 1	<u>new re</u>	<u>egist</u>
,					
New Registered Office Address:	Enter Florida	street address			
		Florida			
	City		Zip Co	de	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my	duties, and Lam fe	miliar :	with a	ınd

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JACQUELYN SOFFER	19501 Biscayne Boulevard, Suite 400	□Add
		Aventura, Florida 33180	% Remove
			□Change
AR	MARIO A. ROMINE	19501 Biscayne Boulevard, Suite 400	□Add
		Aventura, Florida 33180	⊠ Remove
			□Change
S. AR	ALY-KHAN MERALI	19501 Biscayne Boulevard, Suite 400	🗆 Add
		Aventura, Florida 33180	⁄ ∑ Remove
			□Change
AMBR	TAMCO, INC.	19501 Biscayne Boulevard, Suite 400	\\ X:Add
		Aventura, Florida 33180	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change

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Effect	ive date, if other than the date of filing: (optional)
Note:	ective date, if other than the date of filling:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	OCTOBER 29 2020
	Signature of a member or authorized representative of a member
	= <u>=</u>
	Mario A. Romine, as Authorized Signatory
	Mario A. Romine, as Authorized Signatory Typed or printed name of signee

Filing Fee: \$25.00