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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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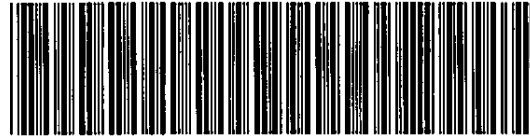
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAY 27 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tallfield Associates, 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:

Dale Robert Mason
Name of Person
Tallfield Associates, LLC
Firm/Company
PO Box 266192
Address
Weston, FL 33326
City/State and Zip Code
dale@tallfield.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Robert Mason at **(954) 850-2141**
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**

Tallfield Associates, 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 10/30/2013 and assigned Florida document number L13000152728.

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:

2900 Glades Circle, Suite 1150

(Principal office address MUST BE A STREET ADDRESS)

Weston, FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Dale Robert Mason

New Registered Office Address:

2900 Glades Circle, Suite 1150

Enter Florida street address

Weston

City

Florida

33327

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

SECTION 605, F.S.
TALLFIELD ASSOCIATES, LLC
14 MAY 19 2013
DALE ROBERT MASON
PRIDA

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>
Mgrm	Premier Management Associates, Inc.	2200 N. Commerce Pkwy Suite 200	<input type="checkbox"/> Add
		Weston, FL 33326	<input checked="" type="checkbox"/> Remove
Mgr	Dale Robert Mason	2900 Glades Circle, Suite 1150	<input checked="" type="checkbox"/> Add
		Weston, FL 33327	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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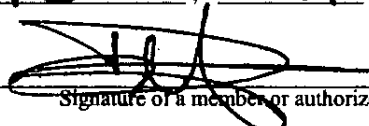
FEDERAL RESERVE BANK
 TALLAHASSEE, FLORIDA
 MAY 19 11:08 AM '08

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 May 15, 2014.



Signature of a member or authorized representative of a member

DALE ROBERT MASON

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

FILED
14 MAY 19 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA