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B. BOSTICK FEB **2** 5 2014

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tensaw Family Holdings, 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:

Ross Adam Bolin

Name of Person

Tensaw Family Holdings, LLC

Firm/Company

503 Silverleaf Ln

Address

Dallas, GA 30157

City/State and Zip Code

tensawfamily@reagan.com

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

For further information concerning this matter, please call:

Ross Adam Bolin

_{., 6}78, 428-2920

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

Tensaw Family Holdings, LLC			
(A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Com	e Articles of Organization for this Limited Liability Company were filed on 12/13/2013 and assigned		
Florida document number L13000172178			
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	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	48-1		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	Entry to the second	
Enter new mailing address, if applicable:	503 Silverleaf Ln		
(Mailing address MAY BE A POST OFFICE BOX)	Dallas, GA 30157	- 10 - 5 - 10 - 10 - 10 - 10 - 10 - 10 -	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, s here:	enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	·	do	
	, Flori 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 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Add	
			Add	
			☐ Remove	

D. If amending any other information, enter change() nere: (Attach adaitional sneets, if necessary.)
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of rece	
the date this document is filed by the Florida Department of State	
Dated $F \in \mathcal{B}$, 20	<u>14 </u>
LK X	
	or authorized representative of a member
Ross Adam Bolin	
· · · · · · · · · · · · · · · · · · ·	r printed name of signee

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Filing Fee: \$25.00

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