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COVER LETTER

Div	ision of Cor	porations	•	ς.
SUBJECT:	TGROWTH	SOLUTIONS, LLC		
50 203 01.		Name of Lim	ited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Gene R. Michaud		
			Name of Person	
		tGrowth Solutions, LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5933 Pavilion Drive		
			Address	
		Jacksonville, FL 32258		
			City/State and Zip Code	
		admin@tgrowth.com		
		E-mail address: (t	to be used for future annual report notifi-	cation)
For further in	oformation co	oncerning this matter, please ca	dl:	
Gene R. Mi	chaud		904 302-6002 at ()	
	Name of	Person		Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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:

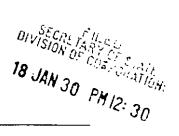
Registration Section

TO:

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



tGrowth Solutions, 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 _	01/02/2014	and assigned	
Florida document number L14000009561			_	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company l	i <u>ere</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	5933 Pavilion Drive			
	Jacksonville,	FL 32258		
Enter new mailing address if applicable.				
Enter new mailing address, if applicable:			-	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:		n our records, <u>ente</u>	r the name of the new	
New Registered Office Address:			· · · · · · · · · · · · · · · · · · ·	
	Enter Flo	orida street address		
	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<i></i> ,		24 con	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as period being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance o provided for in	f my duties, and I am Chapter 605, F.S. Oi	familiar with and r, if this document is	
If Chan.	ging Registered A	gent, Signature of New F	Registered Agent	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager · AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	H. Marie Michaud	5933 Pavilion Drive	= Add
		Jacksonville, FL 32258	□ Remove
			Change
			
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an offective da ote: If the d	te is listed, the date mu late inserted in this b fective date on the D	st be specific and car lock does not mee	t the applicable	te of filing or more statutory filing r	than 90 days after equirements, this	filing.) Pursuant to 60	5.020 ted a
	pecifies a delayed day after the rec		e, but not ar	effective tin	ne, at 12:01 a	a.m. on the earli	ier (
01/29/	2018						
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		11/4/	my.	······			
		Signature of a men	nber or authorized	I representative of	a member		

Page 3 of 3

Filing Fee: \$25.00