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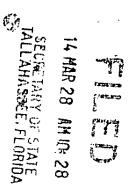
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SECTION APR 0 9 2014

COVER LETTER

TO: Registration Secondary			
SUBJECT:	T. ↓ € Name of Limi	ENTER PRIZE ited Liability Company	LLC
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Tom	NICHOLSON Name of Person	
		Name of Person	······
	T+ G	ENTER PRIZE	
		Firm/Company	
	202 WI	NDWARD PASSAL	GE STE. 411
	CLEAR	WATER FL. 3 City/State and Zip/Code	33767
		e 885 852 @ A o to be used for future annual report notific	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Tom Nice	Person	at (727) 639 Area Code Daytime	- 000 () Telephone Number
Enclosed is a check for th	e 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

T+ G	ENTERPRIZE 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 Lia	bility Company were filed on <u>FEB 25, 2014</u> and assigned
Florida document number <u>L140000</u> .	31743
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of t	the limited liability company here:
The new name must be distinguishable and end with the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	'ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, enter the hame of the new
	All ama
Name of New Registered Agent:	\$ 2
New Registered Office Address:	Enter Florida street address
	RE S
	City Florida Dm & Zin 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** Title Address Name Tom NICHOLSON 202 WINDWARD BG. CLEARNIER FC. MGR ☐ Remove □ Add ☐ Remove _□ Add ☐ Remove ☐ Add Remove ☐ Remove _□ Add □ Remove

ctive date, if other than the date of filing: (optional) Iffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after late this document is filed by the Florida Department of State) ad 3/24/20/4 Signature of a member or authorized representative of a member	
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Filing Fee: \$25.00

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SECHLIARY OF STATE
TALL'AHASSEE, FLORIDA