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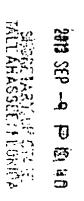
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SEP 17 2013 T. LET TEUX

COVER LETTER

SUBJECT:	MFL RAC. Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	·
		Name of Person	
	TMF	C RACTUG Firm/Company	UC
	2451	17th 5th	
	- palme.	Ho FC 34' City State and Zip Code av + Egmail. co to be used for futbre annual report notifi	221
For further information c	E-mail address: (concerning this matter, please c		cation)
Name o	er Lav		-0760 Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	E\$30.00 Filing Fee & Certificate of Status	©\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	ES60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

	TNG W	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I.	ny as it now appears liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company	were filed on 0	4/8/40 1511 SEP -9 15 121 410
The Articles of Organization for this Limited Liability Company Florida document number 4/400057071. This amendment is submitted to amend the following:		LATER A SECULOR OF A SECUROR OF A SECULOR OF A SECUENCIAL OF A SECULOR
This amendment is submitted to amend the following:		17.00
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability	ity Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2451	19# 31. W Same
(Principal office address MUST BE A STREET ADDRESS)	galano	Ho, FC
	34	221
		- 2-521/2 17th 51
Enter new mailing address, if applicable:		1000 1 T
Mailing address MAY BE A POST OFFICE BOX)		aras da, FL 34221
	-	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records, enter the name of the new
registered agent and/or the new registered office address here	: •	
Name of New Registered Agent:	· ·	
New Registered Office Address:		
	Enter Florida street address	
		, Florida
New Registered Agent's Signature, if changing Registered Agent:	Сиу	Zıp Code
hereby accept the appointment as registered agent and agreences or oversions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pering filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of n provided for in Cl	ny duties, and I am familiar with and apter 605. F.S. Or, if this document is
If Chan	ging Registered Age	nt. Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
			₽Add
			EChange
			⊞Add
			Remove
			EChange
			F]Add
		4.16	<u>⊞</u> Remove
			EChange
			⊞ Add
			⊞Remove
		 -	ŒChange
			Œ]Add
			Remove
			EChange
			[E]Change

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Note:	ive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; 90th day after the record is filed.
Dated .	Sept. 4 2019
	The state of the s
	rignature of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00