L14 000 104 850

| (Requestor's Name) |
|---|
| (Address) |
| (Áddress) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|--|--|--------------------|---|
| SUBJECT: TFH | Deal Two, LI | _C | | |
| SUBJECT: | *** | ited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please return all correspo | ndence concerning this matter | to the following: | | |
| | Ross A. Bo | lin | | |
| | | Name of Person | | |
| | TFH Deal 1 | wo, LLC | | |
| | | Firm/Company | | |
| | 503 Silverle | | ···· | · |
| | D O | Address | | |
| | Dallas, GA | | | <u>. </u> |
| | tensawfamily@ | City/State and Zip Code reagan.com | 2 | |
| | | to be used for future annua | al report notifica | tion) |
| For further information c | oncerning this matter, please ca | | | |
| Ross A. B | olin | at (678) 4 | 128-29 | 920 |
| Name o | f Person | Area Code | Daytime To | elephone Number |
| Enclosed is a check for the | ne following amount: | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee Certified Copy (additional copy is en | | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | ING ADDRESS: | | ET/COURIER | ADDRESS: |

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| TFH Deal Two, LLC | | |
|--|---|---------------------------------------|
| (Name of the Limited | Liability Company as it now appears on our records. Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab Florida document number L14000104850 | | and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he 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 applicat | ole: | |
| Principal office address MUST BE A STREET | ADDRESS) | |
| | | · · · · · · · · · · · · · · · · · · · |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BO | <u> </u> | |
| B. If amending the registered agent and/or or agent and/or the new registered office the new registered office the new registered of the new registered agent and/or the new registered agent and/or the new registered of t | r registered office address on our records, <u>ente</u> ce address <u>here</u> : | r the name of the no |
| Name of New Registered Agent: | | . }:= |
| New Registered Office Address: | | 10 mg |
| 1354 Registered Office Addition. | Enter Florida street address | 7. 7.7 |
| | , Florida | |
| | 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| <u>itle</u> | Name | Address | Type of Actio |
|---------------------------------------|-------------|--------------|---------------|
| | | | Add |
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| ^ | r information, enter change(s) here: (Attach additional sheets, if necessary.) Inge_the_email-address_on_file_to_reflect the_following: |
|--------------|---|
| *** | mily@reagan.com |
| | |
| | |
| | than the date of filing:(optional) pecific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ed by the Florida Department of State) |
| Dated July 2 | BR- 07/2/2014 |
| Ross A | Signature of a member or authorized representative of a member A Bolin MGR Tensaw Family Holdings, LLC |

Page 3 of 3

Filing Fee: \$25.00