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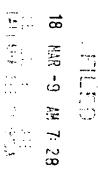
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Special instructions to	Filing Officer:	
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J. LEGGETT MAR 1 3 2016

COVER LETTER

TO: Registration Se Division of Cor			ARTMET CAHASS
SUBJECT:	184 Mane of Lim	Clment Company	AT OF STATE ORPORATION SEE, FLORING
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please return all correspo	ndence concerning this matter	to the following:	
	<u>Bn a</u>	Mame of Person	
	JBH r	Munaglmunt Firm/Company	10
	12524 25	5M C+. E Address	
	Pams	n.a 3449	<u>.</u>
	E-mail address: (City/State and Zip Code Salv (M) TV) (Tive to be used for future annual report notification)	Concentration) Conference of the Conference of t
For further information co	oncerning this matter, please ca	all:	
Name of	Person	at ()Area Code Daytime	Telephone Number
Enclosed is a check for the	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

TBH MCnC (e) (Name of the Limited Liability C (A Florida Lin	Ment (Company as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number 140001 6034	pany were filed on 1-23-14 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited Sar Construct The new name must be distinguishable and contain the words "Limited"	Liability company here: Liability 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	<u>s)</u> * E
Enter new mailing address, if applicable:	() () () () () () () () () ()
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	d office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	· Cuy Zıp 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 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
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fective date, if other than the date of filing:	

Page 3 of 3

Filing Fee: \$25.00