## 11400152053

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## **COVER LETTER**

Division of Corporations		
SUBJECT: Tembridge 7070, LLC  Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Jason Tunick do Peter Ray Name of Person Cohen, Nons, Wolmer, Ray, Tele Firm/Company	epmo	
712 US Highway One, Stc 400  North Palm Beach, FL 33408  City/State and Zip Code	2014 OCT 24	
E-mail address: (to be used for future annual report notification)	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
For further information concerning this matter, please call:	S	PAID TOOK
Peter Ray at (561) 615-1030	्रिल <b>ज</b> —	•
Name of Verson Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Scrifficate of Status Scriffed Copy Certificate of Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee Scriffied Copy (additional copy is enclosed)	Status & y	

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TO:

**Registration Section** 

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

Ternbridge 7070, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records. da Limited Liability Company)	)
The Articles of Organization for this Limited Liability Florida document number L14000152053	Company were filed on 9/30/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	·
The new name must be distinguishable and end with the words "l	Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADL	DRESS)	
	ndment is submitted to amend the following:  ending name, enter the new name of the limited liability company here:  une must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  w principal offices address, if applicable:  all office address MUST BE A STREET ADDRESS)  w mailing address, if applicable:	
		15 SS 25 SS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 N. C.
William Control of the Born		5. 5
B. If amending the registered agent and/or reg		enter the name of the new
	•	
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	
	, Flo	
	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:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Jennifer Taub **AMBR** \_□ Add **■** Remove Jason Tunick AMBR **■** Add \_□ Remove □ Add □ Remove □ Remove □ Add ☐ Remove

J. II amending any other	r information, enter change	e(s) here: (Attach addition	al sheets, if necessary.)
·			
		························.	· ·
C. Effective date, if other (The effective date must be specified)	than the date of filing		(optional)
the date this document is file  Dated 10 22 14	ed by the Florida Department of Sta	ate)	
the date this document is file	Signature of a member	r or authorized representative of	a member
the date this document is file	Signature of a member	r or authorized representative of	a member

Page 3 of 3

Filing Fee: \$25.00