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## **COVER LETTER**

Subject: Shepherds	503, LLC		
Sobster.	Name of Limit	ed Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Sue Schwab		
		Name of Person	<del></del>
	Howard Mobley Hayes & C	Gontarek PLLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2319 Crestmoor Rd		
		Address	
	Nashville TN 37215		
		City/State and Zip Code	
	bryan@howardmobley.com		
For further information	E-mail address: (id concerning this matter, please ca	o be used for future annual report notifi	cation)
Bryan Howard	oonlooming this matter, preuse ou	615 627-4444	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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 enclos

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

Shepherds 503, 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 Liability Company were filed on 11/25/2014 and assigned Florida document number L14000182341 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: T&M Boca, LLC The new name must be distinguishable and contain the words "Limited 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Ö Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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> Name **Address** Type of Action \_ Add □ Remove \_□ Change \_□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change \_□ Add \_□ Remove \_□ Change □ Add \_□ Remove ☐ Change \_ Add \_□ Remove \_□ Change

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May 8 , 2015  Bryan Howard  Signature of a member or authorized representative of a member			t not an effect	tive time, at 1	2:01 a.m. on t	he earli	er (
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Filing Fee: \$25.00