

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Sst.amarid@rtlaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TG ATLANTIC BOULEVARD LLC

Certificate of Status	0
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15 MAR 18 AM 10:00

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INFORMATION SERVICES

K. SALLY
EXAMINER
MAR 19 2015

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3/18/2015 8:33:53 AM PAGE 1/001 Fax Server



March 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

TG ATLANTIC BOULEVARD LLC
5062 YACHT CLUB ROAD
JACKSONVILLE, FL 32210

SUBJECT: TG ATLANTIC BOULEVARD LLC
REF: L15000013255

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

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Letter Number: 915A00005414

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2015 MAR 18 PM 1:47

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TC ATLANTIC BOULEVARD 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 January 22, 2015 and assigned Florida document number L15000013255

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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:

Name of New Registered Agent:

E. Allen Hieb Jr.

New Registered Office Address:

1301 Riverplace Boulevard, Suite 1500

Enter Florida street address

Jacksonville

Florida

32207

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.

E. Allen Hieb Jr.

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
AMBR	Langdon C. Tarrant	2528 Edwards Court Gulf Breeze, FL 32563	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 17, 2015

E. Allen Hiebert

Signature of a member or authorized representative of a member

E. Allen Hiebert

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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