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To:	Division of Corporations			一章音		
	Fax Number : (850)617-6383					
From:				HIR 24		
	Account Name ; ZIMMERMAN, KISER,	& SUTCLIFFE, P	.A.	いた		
	Account Number : I19990000006 Phone : (407)425-7010					
	Fax Number : (407)425-2747			AN 9: 29		
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Electronic Filing Menu

Corporate Filing Menu

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		COVER LETTER		
TO: Registration S Division of Con				
TLB MOR	iawk, LLC			
3063601.	Name of Lir	nited Liebility Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	r to the following:		
	N. DWAYNE GRAY, JR	., ESQ.		
		Name of Person		
	ZIMMERMAN KISER S	UTCLIFFE, P.A.		
		Firm/Company		T MAR 24
	315 E. ROBINSON STR	BET SUITE 600		24
		Address	<u></u>	E S
	ORLANDO, PL 32801			AM 9:
		City/State and Zip Code		29
ι	DGRAY@ZKSLAWFIRM E-mail address:	(to be used for future annual report	notification)	
Por further information of	concerning this matter, please (zall:		
DWAYNE GRAY		407 425-701	0	
Name (of Person	Area Code Daj	ytime Telephone Number	
Enclosed is a check for t	he following amount:	<u>-</u>		·· - -
\$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 Statu: Certified Copy (additional copy is enclosed)	
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(((H17000071660 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLB MOHAWK, LLC

(Name of the Limited Liability Company as it new appears on our records.) (A Florids Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/09/2015 and assigned Florida document number 115000115760

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new 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:

		Citry Z	ip Code
		Florida	
-			
	New Registered Office Address;	Enter Florida street address	<u> </u>
	May Replatered Office Address		
	Name of New Registered Agent:	·······	<u> </u>

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 Chaoging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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If amendin	g Authorized Person(s) authorized	(((H17000071660 3))) to manage, <u>enter the fitle, name, and addres</u>	s of each person being added
MGR = N	<u>l from our records</u> : Annager		
AMHR= A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	N. DWAYNE GRAY, JR.	315 E. ROBINSON STREET	🖬 Add
		SUITE 600	[] Remove
		ORLANDO, FL 32801	Change
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of	(Optional) f filing or more than 90 days after filing.) Pursuant to 605.02	07 (3)(b)
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If the record specifies a delayed effective date, but not an eff (b) The 90th day after the record is filed.	rective time, at 12:01 a.m. on the earlier (or:
Dated <u>March 14</u> 2017		
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Signatufe of a mighter or authorized rep	resentative of a member	
1 ()		
N. Dwayne Gray, Jr.		

Filing Fee: \$25.00

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e:Mar. 24. 2017₁10:15AM

Zimmerman, Kiser & Sutcliffe_{AGE}

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March 24, 2017

FLORIDA DEPARTMENT OF STATE Division of Corporations

TLB MOHAWK, LLC 2430 VIA SIENNA AVENUE WINTER PARK, FL 32789

SUBJECT: TLB MOHAWK, LLC REF: L15000115760

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

Document wasn't included with the fax coversheet.

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

Dionne M'Scott Regulatory Specialist II Registration Section FAX Aud. #: H17000071660 Letter Number: 817A00005658

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P.O BOX 6327 - Tallahassee, Florida 32314

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