## LILWWA7539

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Name	)
(Do	ocument Number)	
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## **COVER LETTER**

TO: Registration So Division of Con					
	ology, LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jeb Branham, Esq.				
		Name of Person			
	Jeb T. Branham, P.A.	•			
	Firm/Company				
	3500 3rd Street South				
	Address				
	Jacksonville Beach, Florida 32250				
	jeb@jebbranham.com	City/State and Zip Code			
		to be used for future annual report notifica	ation)		
For further information of	concerning this matter, please c	all:			
Jeb Branham		904 339-0500 at ( )			
Name o	of Person		elephone Number Aco		
Enclosed is a check for t	he following amount:		MAR T ARETAR		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional Ecopy 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

ITG Technology, LLC		
(Name of the Limited Liab (A Flor	oility Company as it now appears on our recor ida Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on February 11, 20	and assigned
lorida document number L16000029539		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
TG Technologies, LLC		
he new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADI	DRESS)	
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or reg		is, enter the name of the r
egistered agent and/or the new registered office ac	<u>ldress here</u> :	
		ZIIIS
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ess Single
	. <b>F</b>	lorida 📆 🔻 🗡
	City	Zip Gode
lew Registered Agent's Signature, if changing Registe	red Agent:	2 <u>2</u>

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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			Remove
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If an effective of Note: If the	te, if other than the date is listed, the date mu date inserted in this b effective date on the D	st be specific and ock does not m	cannot be prior to eet the applical	date of filing or notes statutory filing	ore than 90 days at	otional) fter filing.) Pursua this date will no	ant to 605.0207 (3) of be listed as the
	specifies a delaye day after the rec	ord is filed.	ate, but- <del>not</del>	an effective t	ime, at 12:0:	1 a.m. on th	e earlier of:
Dated	Mar	h 10	2016	<del>.</del> .			
		11111	4 M				
				ized representative			

Page 3 of 3

Filing Fee: \$25.00