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## **COVER LETTER**

TO:			. •	
etip ie:		<del>-</del>		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ANDREW FARBER, ESQ	ı.	
			Name of Person	ress  d Zip Code  ature annual report notification)  1 801-7372  a Code Daytime Telephone Number  Filling Fee & S60.00 Filling Fee, Certificate of Status & Certificate of Sta
Division of Corporations  G-REX ENTERPRISE.LLC  SUBJECT:  Name of Limited Liability Company  The enclosed Articles of Amendment and feets) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ANDREW FARBER, ESQ.  Name of Person  ANDREW FARBER, P.A.  Firm/Company  20283 STATE ROAD 7. SUITE 300  Address  BOCA RATON. FL 33498  City/State and Zip Code acfarber@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Andrew Farber, Esq.  Name of Person  Section of Limited Liability Company  Annual report  The enclosed is a check for the following amount:  Section of Limited Liability Company  Annual report  The enclosed is a check for the following amount:  Section of Limited Liability Company  Annual report  Address  Section of Person  Address  Andrew Farber, Esq.  Section of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  Section of Status  Certificate of Status & Certificate of Status & Certificate of Status & Certified Copy  (additional copy is enclosed)				
			Firm/Company	<u> </u>
	¥	20283 STATE ROAD 7. S	UTTE 300	
			Address	
		BOCA RATON, FL 33498		
		acfarber@gmail.com	City/State and Zip Code	
		li-mail address: (	to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please ca	all:	
Andrew	Farber, Esq.			
- <del>-</del>	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne following amount:		
\$25.	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

G-REX ENTERPRISE, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited L	ny as it now appears on liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited L. Florida document number L. 16000056800	iability Company	were filed on March	21, 2016	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabi	lity company here:		
TPOMFG, LLC				_
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the design	nation "LLC" or the abbrevi	
Enter new principal offices address, if applied	cable:			DEC
(Principal office address MUST BE A STREE	ET ADDRESS)			<u> </u>
				ن د
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)	· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and registered agent and/or the new registered of			r records, <u>enter the</u>	name of the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:	20283 State Roa		·	
		Enter Florida s		
	Boca Raton		Florida 33498	
		City	Z	ip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete pistered agent as pinessered office of the contract of the co	performance of my rovided for in Chap	duties, and I am famil over 605, F.S. Or, if th	iar with and is document is

Page 1 of 3

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:

1

MGR = MAMBR = AMBR =	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		-	
MGR = Manager AMBR = Authorized Member  Title Name		□ Remove	
			Change
	AMBR = Authorized Member		
			Remove
			☐ Change
			Add 16 Premover 17
			Change PP CP
			□ Change
			□ Remove
		— Chang	Change
			□ Add
			Remove

, -	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<del></del>	
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Note:	ive date, if other than the date of filing:  (optional)  (octive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not nent's effective date on the Department of State's records.	t to 605.0207 (3)( be listed as the	(b)
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed.	earlier of:	
Dated	DECEMBER 5 . 2016.		
	Signature of a member or authorized representative of a member		
	Gregory M. Serio, Authorized Member		

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Filing Fee: \$25.00