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TAKE AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
TB3 & Comp	oany, LLC		
SUBJECT:	Name of Limited Liab	bility Company	
	mendment and fee(s) are submitted the feedence concerning this matter to the feedence concerning this matter the feedence concerning the feedence concerning the concerning this matter the feedence concerning the feedence conc	_	
riease return an correspon	defice concerning this matter to the B	onowing.	
	Thomas G. Bolen III		
	N	Name of Person	
	TB3 & Company, LLC		
	Ī	Firm/Company	
	6232 Raleigh St. Apt 506		
		Address	•
	Orlando, FL 32835		2016 TALL
	City/S bolen.thomas@gmail.com	State and Zip Code	2016 JUN -2 SEGRETARY ALLAHASSE
	E-mail address: (to be use	ed for future annual report notification)	SSE -2
For further information con	ncerning this matter, please call:		
Thomas G. Bolen III		703 296-3638 at (ORAL W
Name of	Person	Area Code Daytime Teleph	none Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	Certificate of Status	55.00 Filing Fee & C Certified Copy (additional copy is enclosed)	3 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy 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

TB3 & Company, 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 04/11/2016 Florida document number ____L16000070962 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Thomas G. Bolen III, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

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