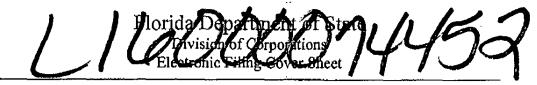
3/8/2018

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000076866 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: IL BUNSTER & ASSOCIATES, PA

Account Number : I20170000038

Phone

: (305)324-2248

Fax Number

: (305)324-4959

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

Email Address: [e@accountinggroup.comcastbiz.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIG MASTERLEGAL, LLC

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March 7, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

MASTERLEGAL, LLC 1340 NE 200 TERRACE MIAMI, FL 33179

SUBJECT: MASTERLEGAL, LLC

REF: L16000074452

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must abandon this filing and resubmit your filing under the appropriate electronic filing type.

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.

Stacey M Warren Regulatory Specialist II FAX Aud. #: H18000074332 Letter Number: 818A00004651

P.O. Box 6327 Tallahassee, FL 32314

## **COVER LETTER**

TO:	Registration S Division of Co			
SURI	IECT:	TBH GROUF	LLC (,	
2011		Name of Lin	nited Liability Company	<del></del>
The e	nclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		ING	RID L BUNSTER	
			Name of Person	
		IL BU	NSTER & ASSOCIATES, PA	
			Firm/Company 1999 1999	
		199 S	W 12TH AVENUE, SUITE 4	
			Address	
		MIAM	I, FL 93180	
			City/State and Zip Code	
		ib@acc E-mail address: (	ountinggroup.comcastblz.net to be used for future nanua report notific	cation)
For fu	rther information	concerning this matter, please c	a11 <sup>2</sup> :	
	INGR	ID L BUNSTER	at ()324-2248	
	Name (	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
<b>⋤</b> \$2	5.00 Filing Fee	r. \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327			STREET/COURIE Registration Section	
			Division of Corporal Clifton Building	tions

2661 Executive Center Circle Tallahassee, FL 32301

٠<u>:</u> :يَا

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MASTERLEGAL, (Name of the Limited Liability Co (A Florida Limi	LLC Impany as it now appears on ou	r records.)	<del></del>
(A Florida Limi	ited Liability Company)		
The Articles of Organization for this Limited Liability Comp.  Florida document number L16000074452	any were filed on04	114/18	and assigned
This amendment is submitted to amend the following:	E F	5	S E
A. If amending name, enter the new name of the limited I	liability company here:		
TBH GROUP, LLC			Section 1
The new name must be distinguishable and contain the words "Limited L	lability Company," the designati	on "LLC" or the	abbravlation "L.
Enter new principal offices address, if applicable:	1840 NE 200TH	TERR	Cor G
(Principal office address MUST BE A STREET ADDRESS	MIAMI, FL 33179	)	हिंग रे
Enter new mailing address, if applicable: (Mailing address MAX BE A POST OFFICE BOX)	1340 NE 200TH MIAMI, FL 33179		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address.	here:	records, <u>ente</u>	r the name of the nev
Name of New Registered Agent:	KARINA BARRERA		
New Registered Office Address:	1340 NE 200TH TERR		•
Tion Acquisioned Cities (Address.	Enter Florida stret	n address	
	MIAMI	. Florida_	33179
<del></del>	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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

Page 1 of 3

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r. 8	3. 2018 4:31PM	IL Bunster (	& Associates,	PAlas	No. 0084	P.
lf am	nending any other in	formation, enter cl	hange(s) here: 🥠	£	neets, if necessary.)	
				<u> </u>	<del></del>	
		ame of the Limite	d Liabilty Comp	any is:		
	TBH	ROUP, LLC				
	ARTICLE V: The	name and address	s of person(s) a	uthorized to mans	age this LLC	
	MBR: KAR	INA BARRERA, Lo	ocated at 1340 h	NE 200th Terr, Mis	ami, FI 33179	
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an of	tive date, if other tha Teotive date is listed, the da	ite must be specific and	cannot be prior to dat	e of filing or more than	(optional) 90 days after filing.) Pursuant to	605.0
<u>iote:</u> ocun	If the date inserted in linent's effective date on	this block does not m the Department of St	eet the applicable s tate's records.	statutory filing requir	ements, this date will not be	listed
	cord specifies a de 90th day after the		ate, but not an	effective time, a	it 12:01 a.m. on the e	arller
1116	s sour day arter an	s record is inject				
ated	MARCH 7		2018	•		
		123	Maria.	*		
		Signature of a m	Cimbor or sulborized	representative of a mer	mber	_
		/-		*		
		4.4	ARINA BARRER			

Page 3 of 3
Filing Fee: \$25.00

\_\_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	Name	Address	Type of Action
	•		
			Remove
		?	Change
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