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Division of Corporations

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From:

: FRANK, WEINBERG, BLACK, P.L. Account Name

Account Number : 120040000083 Phone : (954)474-8000

Fax Number : (954)474-9850

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KMMYD (O. FWBLAW, net

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOCUMENTATION AND DATA LLC

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K SALY APR - 9 2019 H190001132563

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 400	LED
APR _	^
TALLAHASSE	E, FLORIDA:

DOCUMENTA	ATION AND DATA LLC	. ,
(Name of the Chmited Liability Co. (A Florida Limit	mnany as it now annears on our records. ted Liability Company)	,
The Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for this Limited Liability Comparing the Articles of Organization for the Or	any were filed on JULY 12, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	lability company here:	
TPG FAMILY HOLDINGS	S, LLC	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	or the abbreviation "L.L.C."
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	·	
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	office address on our records, sere:	enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street address	······································
	, Flori	da
	City	Zip Code

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 dutles, 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.

Steven A. Weinberg

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

## H190001132563

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							
Title	Name	Address	Type of Action				
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