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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

Indian Lake	es 2, LLC		,	
SUBJEC1:	Name of Limi	ited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	•	,
Please return all correspo	ondence concerning this matter	to the following:	•	3.4
	Steven Hendrickson		SECRE	200
Lenger Asset Management, Inc.   Firm/Company	Name of Person	AS	2	
	Lenger Asset Management	, Inc.	SEC	3 <
		Firm/Company		ਨ 🖺 -
	221 N. Hogan St. Num 405	5	AIC A	<u></u>
		Address		•
	Jacksonville, FL 32202			
		City/State and Zip Code	· <del>· ·</del>	
	E-mail address: (	to be used for future annual report notific	cation)	
For further information of	concerning this matter, please co	all:		
Will Bunnell		,		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee			☐ \$60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is e	itus &

#### 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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

October 13, 2016

KEITH LENGER LENGER ASSET MANAGEMENT INC 221 N HOGAN ST, NUMBER 405 JACKSONVILLE, FL 32202

SUBJECT: INDIAN LAKES 2, LLC Ref. Number: L16000178329

We have received your document for INDIAN LAKES 2, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is B10000000074.

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.

Jenna D Harris Regulatory Specialist II Letter Number: 416A00022080

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Indian Lakes 2, LLC			
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on or orida Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability	y Company were filed on 09/23/20	16	and assigned
Florida document number L16000178329	·		
This amendment is submitted to amend the following	ŗ,		
A. If amending name, enter the new name of the l	imited liability company here:		
TJF Partners, LLC			
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designat	tion "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(Principal office address MUST BE A STREET AD	DRESS)		CD
			8 ::
			<u>™</u> _3~
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	-		
			0 = :
			<del></del>
B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our <u>ddress here</u> :	records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre	eet address	
		, Florida	
	City		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 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
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
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f an effective date is Note: If the date i	other than the d listed, the date must inserted in this bloo ive date on the Dep	be specific and can ck does not meet	not be prior to date the applicable s	of filing or more tatutory filing re	( <b>option</b> than 90 days after fil quirements, this d	ling.) Pursuant to 60	05.0207 sted as
e record spec The 90th day	ifies a delayed after the reco	effective date	e, but not an	effective tim	e, at 12:01 a.r	m. on the earl	ier o
October 17	th	2	016				
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	S	Signature of a mem	ber or authorized	representative of	n member	720	
						7 77	
	Steven	Hendrin	RSON ped or printed nam			0 #	تاريخ پر

Page 3 of 3

Filing Fee: \$25.00