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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TBCGDG TALLAHASSEE, LLC

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TO:

Registration Section

## **COVER LETTER**

Division of Co	rporations		
	Tallahassee, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Tony T. Brown		
		Name of Person	
	T. Brown Consulting Gro	ap, LLC	
		Firm/Company	
	P.O. Box 10385		
		Address	
	Riviera Beach, Florida 33	419	
		City/State and Zip Code	
	thrown@thrownconsulting	grp.com to be used for future annual report noti	(heujon)
For further information	concerning this matter, please c	·	,
Tony T. Brown	2	904 407-3591	
	of Person		e Telephone Number
name	n Person	Adea Code Dayom	e releptione Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Pee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassec, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBCGDG Tallahassoc, LLC								
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Linbility Company)							
The Articles of Organization for this Limited Liability Company were filed on October 26, 2016 and assign Florida document number 1.16000196826								
This amendment is submitted to amend the following:								
A. If amending name, enter the new name of the limited	liability company here:	and assigned  "LLC" or the abbreviation "L.L.C."  da 32035						
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" or th	e abbreviation "L.L.C."						
Enter new principal offices address, if applicable:								
(Principal office address MUST BE A STREET ADDRESS	2							
Enter new mailing address, if applicable:	P.O. Box 15666							
(Mailing address MAY BE A POST OFFICE BOX)	Fernandina Beach, Florida 32035							
B. If amending the registered agent and/or registered	i office address on our records, en	1						
registered agent and/or the new registered office address	<u>here</u> :	SS						
Name of New Registered Agent:		7						
New Registered Office Address:	Enter Flortda street address	OR UA						
	, Florida							
	City	Zin 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 Title Name <u>Address</u> Type of Action □ Add \_□ Remove \_\_ Change \_D Add \_ Remove \_□ Add □ Remove ASSECT LORIDA \_□ Add \_□ Remove \_□ Change \_□ Add \_□ Remove

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