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R. WHITE FEB 2 4 2020

COVER LETTER

	Division of Corp	ction porations	÷	
CHD 15		TI GROUP LLC		
SUBJECT: Name of Limited Liability Company				
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JEFF BLAIN		
			Name of Person	
			Firm/Company	
		8225 HAWTHORNE AVE		
			Address	
		MIAMI BEACH/FL/3314	I	
		JBLAIN@TROPLAIX.CO	City/State and Zip Code M	
			to be used for future annual report notification)	
For fur	ther information co	oncerning this matter, please ea	all:	
JEFF F			305 797-8057at ()	
	Name of	f Person	Area Code Daytime Telephone Number	
Enclose	ed is a check for th	ne following amount:		
□ S2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassec, I	Section Torporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

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

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BLAURENTI GROUP LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number L17000028731		and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
T & B DEVELOPMENTS LLC		
The new name must be distinguishable and contain the word	is "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or registered office address is	· • • • • • • • • • • • • • • • • • • •	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
•	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 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>	Name	Address	Type of Action
MGR	JOSE D. TREJOS	1727 NW 46 STREET	≣Add
		MIAMI, FL 33142	
			□Change
MGR	KRISTY L. FLETCHER	8225 HAWTHORNE AVE	
		MIAMI BEACH, FL 33141	
			□ Change
			□Add
		 	□Remove
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f ame	uding any other informa	ion, enter change	(s) here: (Al	lach additiona	ii sneets, ij neces	isary.)	
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It an effe Note:	ve date, if other than the ective date is listed, the date mus If the date inserted in this blent's effective date on the D	t be specific and canno ock does not meet th	et be prior to date ne applicable s	e of filling or more	inan 90 days after i	filing.) Pursuant to 6	05.0207 sted as
e record rd is fil	d specifies a delayed effectived.	e date, but not an efi	fective time, a	t 12:01 a.m. on	the earlier of: (b)	The 90th day af	ter the
Dated]	JANUARY 27	202	20				
	//	71.					
		Signature of a member	er or authorized	representative of	a member		
	/ / / / / / / / / / / / / / / / / / /						
	JEFF BLAIN	- Application	d or printed nan				

Filing Fee: \$25.00