## L170000 63136

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
<b>,</b> ,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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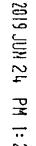


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## **COVER LETTER**

TO:	Registration Se Division of Cor		• •		
, aun	T&G 326, I	LC			
SUB	JEC1:	Name of Lim	ited Liability Company		
The	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	se return all correspo	ndence concerning this matter	to the following:		
		AUGUSTIN G. SIMMON	S		
		<del>-</del>	Name of Person	· ·	
		T&G 326, LLC			
			Firm/Company	<del></del>	
		Address			
		FORT MYERS, FL 33912			
			City/State and Zip Code		
		TGBILLPAYMNETS@GN		· · · · · · · · · · · · · · · · · · ·	
For fu AUG		E-mail address: (	to be used for future annual report notifi	ication)	
For f	further information o	oncerning this matter, please ca	all:		
AUG	GUSTIN G. SIMMO	NS	239 561-3012		
	Name o	Person	at () Area Code ——Daytime	Telephone Number	
Encl	osed is a check for th	ne following amount:			
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & 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 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T&G 326, LLC

(Name of the Limited Lial (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number <u>L17000063136</u>	y Company were filed on MARCH 20, 2017	and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the b	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
B. If amending the registered agent and/or re	gistered office address on our records, ddress here:	enter the name of the ne
The new name must be distinguishable and contain the words "Limited Liability Company," the 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)  B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter to City  New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent and agree to act in the provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I hereompany has been notified in writing of this change.	Enter Florida street address	
	. Flori	ida
New Registered Agent's Signature if changing Register	•	Σηρ Code
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the register	ent and agree to act in this capacity. I furth d complete performance of my duties, and l agent as provided for in Chapter 605, F., ered office address, I hereby confirm that	I am familiar with and S. Or, if this document is
	If Changing Registered Agent, Signature of 3	New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Tina R. DiCharia Revocable Trust	15081 CANNONGATE DR.	
		FORT MYERS, FL 33912	■ Remove
			☐ Change
			Add
		<del></del>	☐ Remove
			☐ Change
			Remove
		<del> </del>	Change
			Remove
			Change
			Add
			Remove
			Change
	<del></del>		
		<del></del>	Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
E. Effective date, if other than the date of filing:  (It'an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.	)7 (3)(t is the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.	of:
Dated June 19 . 2019 .	
Signature of a member or authorized representative of a member	
AUGUSTIN SIMMONS  Typed or printed name of signee	

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Filing Fee: \$25.00