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COVER LETTER

011 0 10 0	TCB PROP	PERTY INVESTIMENT GRO	UP, LLC	
SUBJECT:		Name of Limited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		MATTHEW C. JEFFRIES	S	
			Name of Person	
		TCB PROPERTY INVES	TIMENT GROUP, LLC	
			Firm/Company	. .
		1105 BERTHA STREET		
			Address	.
		JACKSONVILLE, FLOR	IDA 32218	
			City/State and Zip Code	
		ZOE_H08@ICLOUD.COM		
			to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
MATTHEW	C. JEFFRIE	ES	904 521-0902	
	Name o	l' Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 \$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

FIL	ED
APD	
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TCB PROPERTY INVESTIMENT GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records of AHASSE The Articles of Organization for this Limited Liability Company were filed on 03/29/2017 and assigned Florida document number L17000070968 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: TCB PROPERTY INVESTMENT GROUP, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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 = M $AMBR = A$	lanager authorized Member		FILED
<u>Title</u>	<u>Name</u>	<u>Address</u>	2017 APR -5 PM 3: 5 F TALLAHASSEE, FLORID; Remove
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Page 3 of 3

Filing Fee: \$25.00