## L17000145626

(Req	uestor's Name)	
(Ádd	ress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne) .
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
		_

Office Use Only



700301367287

08/02/17--01027--005 \*\*25.00



AUG 0 1 2017 Y Suli 12

## COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	TCGFL LI	LC	
SUBJECT:	Name of Limi	ted Liability Company	·
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		DANIEL S OBERSKI	
		Name of Person	
		TCGFL LLC	
		Firm/Company	
		9250 CORKSCREW RD. STE 13	
		Address	
		ESTERO, FL 33928	
		City/State and Zip Code	
		oberski@trinitycre.com	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information co	ncerning this matter, please ca	ıll:	
CHERYL BANCROFT		239 334-3040 at ()	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e 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)
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 (see, FL 32314)	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TCGFL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number  $\frac{L17000145626}{}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Trinity Commercial Group Inc		
		9250 Corkscrew, Rd Ste 13, Estero,	Remove
			Change
MGR	Daniel S O'Berski	9250 Corkscrew Rd Ste 13, Estero.	<b>∃</b> Add
			Remove
		<del></del>	☐ Change
		<del>- •</del>	
			☐ Remove
			Change
			AUG 32
			Henove T
			OR De Cange
			Remove
			☐ Change
			Remove
			Change

D. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
-			
-			
-			
-			
-		<del></del>	
-			
-			
_			
_		<del></del>	
-		<del></del>	
-			
-		<del></del>	
-		17 AL	
-	: 		, ,
-	ι. Ε.μ	<u></u>	
-	LÓR		
Note:	ive date, if other than the date of filing:		
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	earlier of:	
Dated	August 1 , 2017 .		
	Signature of a member or authorized representative of a member	_	
	DANIELS O'BERSKI		
	Typed or printed name of signee	_	

Page 3 of 3

Filing Fee: \$25.00