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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	TTAP Marka Name of Limit	genest Group Lid Liability Company	LC
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	Alas 1	Name of Person	
		Firm/Company	inc
	3ir 5	Congless Ave	
		Beach FL 33 City/State and Zip Code 15-8 Q AoL . Com to be used for future annual report not	
For further information co	oncerning this matter, please ca	·	incanon,
Alas Name of	Lectron	at (Sile) 884 - Area Code Daytin	7 0 0 0 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	Es30.00 Filing Fee & Certificate of Status	E\$55.00 Filling Fee & Certified Copy (additional copy is enclosed)	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

(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 Sept 5, 1017 Florida document number	and assigned
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 abort	reviation "L.L.C."
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 registered agent and/or the new registered office address here:	he name of the new -t
	17 S
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
: · · · · · · · · · · · · · · · · · · ·	S A IT
City	- S in 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 agre	- re to comply with the

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

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Filing Fee: \$25.00