# L190000049008

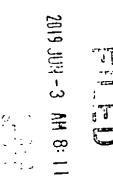
(Requestor's Name)	
(Address)	-
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C. GOLDEN
JUN 2 1 2019

# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	T+B Enter Name of Limi	Pise of Gaines	ville,LLC
The enclosed Articles of 7	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
		Name of Person	·
		Firm/Company	
	1190	9 SW 3rd Ln	·
	Gaines	ville FL 3260	7
	Micholas E-muil address: (1	City/State and Zip Code  Cod & hot 1861. Code  be used for future annual report notion	OW fication)
For further information co	ncerning this matter, please ca		
Name of	Person	at (352) 284 Area Code Daytim	1-7887 e 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)

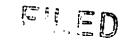
MAILING ADDRESS:

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



2019 JUN -3 AM 8:

J&BEN-1	2 Pisc	of Gaines	ville 110	77 3013 AM 8:
(A F	ionga i imited i ii	ability Company)		
The Articles of Organization for this Limited Liabil Florida document number <u>L19000 490</u>	ity Company w のど	vere filed on	19/2019	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the  T + B Enter Dr'se  The new name must be distinguishable and contain the words	of Gai	inesville. L	L C.	breviation "L.L.C."
Enter new principal offices address, if applicable	<b>::</b>			
Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	r)	<del></del>		
	. <b>.</b>			
B. If amending the registered agent and/or a registered agent and/or the new registered office	~		records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				·
		Enter Florida str	reet address	
_		City	, Florida	Zip Code
		•		ı

### 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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Remove
		<del></del> -	Change
		-	Remove
			☐ Change
			D ∧dd
			Remove
		•	Change
		-	
			☐ Remove
			Change
	<del></del>	<u> </u>	
		Remove	
			Change
			□ Remove
			□ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 29 2019 Nelson
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00