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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	TQREI Name of Lim	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ronald	Blake Moody Name of Person	
	Orange	Park Proper	ty Enup
		Oakworth Co	
	Orange	Park FL 3 City/State and Zip Code	2065
	E-mail address: (mondy 3 @ on no to be used for future annual report so tiffe	nail, can
For further information co	oncerning this matter, please ca	all:	
Blake Name of	Moody Person	at (<u>904</u>) <u>67</u> Area Code Daytime	3 - 4973 Telephone Number
Enclosed is a check for th	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

TQ REI	LLC	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L19000186163</u> .	y were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Orange Park Propert The new name must be distinguishable and contain the words "Limited Liab	offity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/17	
(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 of registered agent and/or the new registered office address he	office address on our records, ent	ALL AUG - 99 ALL AHAS SEE - 2: 33 er the hame of the new
Name of New Registered Agent:	N/ H	
New Registered Office Address:	N/A Enter Florida street address	
	, Florida	Zip Code
	City	zip Coue

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
		N/A	Add
			Remove
			☐ Change
			
			Remove
		-	Change
			
			Remove
			Change
			Add
		Remove	
		□ Change	
		Remove	
		☐ Change	
			Add
			Remove

	N/V
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(If an effect Note: If	tive date, if other than the date of filing: (optional) (ive 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 605.0207 (in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as that's effective date on the Department of State's records.
the reco) The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	August 6th, 2019.
	Bh L
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00