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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Previous: TP Springs, LLC New Name: TP 700 Zeagler, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Beverly Wood
Name of Person
Bittner & Hahs, P.C.
Firm/Company
4949 SW_Meadows Rd Ste 260 Address
Lake Oswego OR 97035
City/State and Zip Code
bwood@bittner-hahs.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Beverly Wood/Bittner & Hahs, P.C. at (503) 445-4312  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address:  Registration Section  Division of Corporations  Division of Corporations  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1P Springs, LLC (Name of the Limited Li	ighility Company as it now unnears	on our records )					
(A F	iability Company as it now appears ( lorida Limited Liability Company)	on on Tecores.					
The Articles of Organization for this Limited Liabili	ity Company were filed onO	ctober 11, 2021 and assigned					
Florida document number <u>L21000442718</u>							
This amendment is submitted to amend the followin	ıg:						
A. If amending name, enter the new name of the	limited liability company hor						
	numed habinty company nero	<u>e</u> :					
TP 700 Zeagler, LLC The new name must be distinguishable and contain the words	"Limited Liability Company" the das	innation "LLC" or the abhermination "LLC"					
·	, , ,	ignation 133.6 of the above viation 13.13.6.					
Enter new principal offices address, if applicable	·						
(Principal office address MUST BE A STREET A	DDRESS)						
	**************************************						
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX	Q						
	_						
B. If amending the registered agent and/or regist		ords, enter the name of the new registered					
agent and/or the new registered office address he	ere:						
Name of New Registered Agent:							
New Registered Office Address:							
	Enter Florida street address						
_		, Florida					
	Ciţy	Zip Code					
New Registered Agent's Signature, if changing Regis	stered Agent:	- 63 63					
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere	nd complete performance of m	pacity. I further agree to comply with the ny duties, and I am familiar with and					
being filed to merely reflect a change in the regis	stered office address, I hereby						
company has been notified in writing of this char	nge.						
		>					

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	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
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