## L2 1000477088

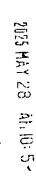
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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration 9 Division of Co				
TGLC JA	X LLC			
SUBJECT:	Name of Lim	ited Liability Company		-
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.		
	pondence concerning this matter	_		
	Elias Hionides			
		Name of Person		
	Petra Management			
		Firm/Company		<del></del>
	2440 Mayport Road Suite	7		702
		Address		
	Jacksonville FL32233			
		City/State and Zip Code		<del>-</del> :: '
	ehionides@petrajax.com			_
	E-mail address: (	to be used for future annual re	eport notification)	
For further information	concerning this matter, please c	all:		
Stefani Serna		904 241- at ( )	1151	
Name	of Person	Area Code	Daytime Telephone Num	ber
Enclosed is a check for	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certif (sed) Certif	Filing Fee, Teate of Status & Tied Copy Tied Copy is enclosed)
Mailing Addr Registration		<u>Street Add</u> Registrat	dress: tion Section	
Division of	Corporations	Division	of Corporations	
P.O. Box 63	) <u></u>	ine Cen	tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TGLC JAX LLC		
( <u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab		and assigned
Florida document number L21000477088		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	da
-	City	Ziv 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 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 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>	<u>Name</u>	Address	Type of Action
MGR	GEORGALLIS, LEONIDAS	2440 MAYPORT ROAD, SUITE 7	
		JACKSONVILLE FL 32233	■Remove
			DChange
<del></del>			
			□Remove
			□Change
			□Remove
		<del> </del>	□Change
	<del></del>		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

amending any other informa						
				<del></del>	<del></del> .	
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						·
ective date, if other than the a effective date is listed, the date mute: If the date inserted in this bit turnent's effective date on the D	lock does not meet t	the applicable	ate of filing or more statutory filing	( <b>opt</b> ) e than 90 days afte requirements, th	onal) r filing.) Pursuant s date will not	to 605.020 be listed a
cord specifies a delayed effectiv s filed.	re date, but not an e	ffective time,	at 12:01 a.m. on	the earlier of: (	) The 90th da	y after the
ed	20	)25				
6-10	/					
/	Signature of a memb	ær or authorize	d representative of	a member		

Filing Fee: \$25.00