

L22000378591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

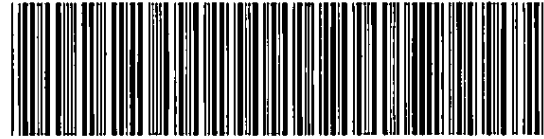
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 OCT -4 PM 12:16

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OCT 13 2022

D CONTELL

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET 2022 OCT -4 PM 3:18

Account Number FCA000000017
Date: 10-4-22
Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302
Telephone: (850) 513-3619 - direct
(850) 224-1585
Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT

\$ 60.00

Corporation Name: TGPH VIP 1, LLC
00249
02003
Email Address: L.22000378591
Entity Number: Kim Pullen
Authorization: Kim Pullen

☒ Certified Copy

☐ New Filings

☐ Fictitious Name

☐ Plain Stamped Copy

☒ Amendments

☒ Certificate of Status

☐ Annual Report

☐ Registration

(X) Call When Ready

(X) Walk In

(X) Call if Problem

() Will Wait

() After 4:30

(X) Pick Up

CF Internal Use Only

Client 16586 Matter 51916

Name Lisa Goodwin Office TPA

DC \$25.00

35.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TGPN VIP 1, LLC

(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 08/29/22 and assigned
Florida document number L22000378591.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TGPN M1, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

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2022 OCT -4 PM 12:16
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

Zip 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 Changing Registered Agent, Signature of New Registered Agent

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Abraham Schwarzberg, M.D.

Filing Fee: \$25.00