

# L23000134801

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

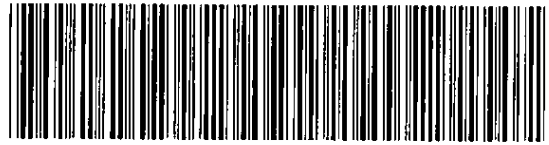
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2023 OCT 19 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CT CORP**  
**(850) 656-4724**  
**3558 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 10/19/2023

Acc#120160000072

*en: c SW*

Name:	TPG CULTURAL EXCHANGE SERVICES, LLC
Document #:	
Order #:	15180548

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
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W.P. Verifier _____
Ref# _____

Amount: \$ **55.00**

Thank you!

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TPG Cultural Exchange Services, 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:

Elizabeth Campbell

Name of Person

Robinson Bradshaw &amp; Hinson, P.A.

Firm/Company

101 N. Tryon St., Suite 1900

Address

Charlotte, NC 28246

City/State and Zip Code

hlee@bdvsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elizabeth Campbell	704	377-8170
Name of Person	Area Code	Daytime Telephone Number

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 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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

**FILED**

TPG Cultural Exchange Services, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**2023 OCT 19 AM 9:40**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/29/2023

and assigned

Florida document number L23000134801.

This amendment is submitted to amend the following:

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

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)**

**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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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**

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>	<u>Address</u>	<u>Type of Action</u>
President	Karin Borchert	631 South Main Street, Suite 400	<input checked="" type="checkbox"/> Add
		Greenville, SC 29601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Sujata Gidumal	631 South Main Street, Suite 400	<input checked="" type="checkbox"/> Add
		Greenville, SC 29601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Chief Strategy Officer	Raj Vanjani	631 South Main Street, Suite 400	<input checked="" type="checkbox"/> Add
		Greenville, SC 29601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP/CFO	Holly Lee	631 South Main Street, Suite 400	<input checked="" type="checkbox"/> Add
		Greenville, SC 29601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

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2023 OCT 19 PM 9:40  
TALLAHASSEE, FLORIDA

(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)

Dated October 18, 2023

Holly Lee

-2009070614499 Signature of a member or authorized representative of a member

Typed or printed name of signee