

L24000092097

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

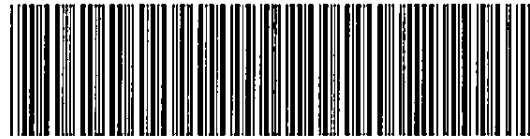
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600424987946

RECEIVED  
MAR 6 AM 10:01  
STATE OF MISSISSIPPI

RECEIVED  
2024 MAR -6 AM 11:19

R. HUNT  
03/06/24



CSC - Tallahassee  
 1201 Hays Street  
 Tallahassee, FL 32301-2607  
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
 From: Shauna Godbolt  
 Ext:  
 Date: 03/06/24  
 Order #: 1443401-1  
 Re: TGB2, LLC  
 Processing Method: Routine

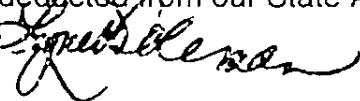
TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:

120000000195

AUTH



Please take the following action:

- File in your office on basis
- Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

DEPT OF STATE  
 TALLAHASSEE, FL  
 03/06/24 AM 10:01  
 320

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TGB2, 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:

DENNIS BLACKBURN  
\_\_\_\_\_  
Name of Person  
  
BLACKBURN & COMPANY, LC  
\_\_\_\_\_  
Firm/Company  
  
5150 BELFORT RD. SO., BUILDING 500  
\_\_\_\_\_  
Address  
  
JACKSONVILLE, FL 32256  
\_\_\_\_\_  
City/State and Zip Code  
  
DLB@BLACKBURNCO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

STATE  
FLORIDA  
JAN 11 2006  
AM 10:01  
CD

For further information concerning this matter, please call:

DENNIS BLACKBURN  
\_\_\_\_\_  
Name of Person  
at ( 904 ) 296-7713  
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



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>           |
|--------------|-------------|----------------|---------------------------------|
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <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 |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |
| _____        | _____       | _____          | <input type="checkbox"/> Add    |
|              |             | _____          | <input type="checkbox"/> Remove |
|              |             | _____          | <input type="checkbox"/> Change |

STATE OF FLORIDA  
AMBR-01

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

MARCH 5 2024 AM 10:01  
STATE OF FLORIDA  
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MARCH 5 2024

*Dennis Blackburn*

Signature of a member or authorized representative of a member

DENNIS BLACKBURN, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Filing Fee: \$25.00