Letter Since

	(Requestor's Name)	
	(Address)	 -
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Centified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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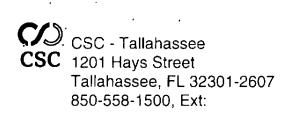
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RECEIVED

674

F. HUNT
C3/C4/24



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 Spellera

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.

COVER LETTER

TO: Registration Se Division of Cor						
TGB2, LLC	2					
SOBJECT.	Name of Lin	nited Liability Company	-			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	indence concerning this matter	to the following:				
	DENNIS BLACKBURN					
		Name of Person		_		
	BLACKBURN & COMPA	ANY, LC			4 m 3	
		Firm/Company		_		
	5150 BELFORT RD. SO.,	BUILDING 500		·	1 (1)	
		Address		- 100 to		
	JACKSONVILLE, FL 322	56			VH 10: 0	•
	DLB@BLACKBURNCO.0	City/State and Zip Code		- L.X	0	
	E-mail address: (to be used for future annual report notific	cation)			
For further information ed	oncerning this matter, please co	all:				
DENNIS BLACKBURN		904 296-7713 at ()				
Name of	Person	Area Code Daytime	Telephone Numbe	er		
Enclosed is a check for th	e following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stat		
Mailing Address Registration S	ection	Street Address: Registration Sect	ion			
Division of Co		Division of Corpo				
P.O. Box 6327 Tallahassee, F		The Centre of Ta 2415 N. Monroe		R10		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TGB2, LLC			
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)	
he Articles of Organization for this Limited Liability Company	were filed on FEBRUAR	RY 21, 2024	_ and assigned
lorida document number L24000092097			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
BG2, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation	on "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	• • • •	
			-:
		••	1
		Si ² .	on.
nter new mailing address, if applicable:		- 20 5	-3
Aailing address MAY BE A POST OFFICE BOX)		in _{co}	- -
		FAT	<u> </u>
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name o	f the new registe
Name of New Registered Agent:			
New Registered Office Address:			·
	Enter Florida strec	t address	
		, Florida	
	Ciņ.		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>	Address	Type of Action
		·····	□Add
			□Remove
			□Change
			□Add
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		::	On Deamong
		SEE, FL	Change
			
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ffective date, if other than the can effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the Department.	be specific and cannot be prior to date of filing or more ck does not meet the applicable statutory filing r	(optional) than 90 days after filing.) Pursurequirements, this date will n	iant to 605.020 iot be listed a
record specifies a delayed effective Lis filed.	date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th	ı day after the
	2024		
ated MARCH 5	·		

Filing Fee: \$25.00