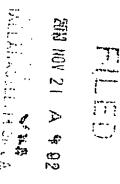
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 057904 7535507

AUTHORIZATION

COST LIMIT

ORDER DATE: November 20, 2019

ORDER TIME : 9:35 AM

ORDER NO. : 057904-010

CUSTOMER NO: 7535507

FOREIGN FILINGS

NAME: TLG MANAGEMENT PARTNERS LLC

CORPORATE __ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY XX_ PLAIN STAMPED COPY _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER:

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

<u>FIRST</u>	<u>r</u> : The n	ame of the limited liability company is: TLG Ma	nagement Partne	rs LLC			
SECOND: The Florida Document number of the limited liability company is: M19000			0010658				
THIR	D :	Document to be corrected is: Application by Foreign	gn Limited Liability Company for	r Authorization to Transact			
		(CHECK THE APPROPRIATE BOX AND COM					
		tins an incorrect statement. The incorrect statement, ment are as follows:	the reason the statement is inc	correct, and the corrected			
	The	The entity name should have included a comma.					
	Nan	Name of the Foreign Limited Liability Company : TLG Management Partners, LLC					
				2 3			
				2 2 -			
	<u>OR</u>			2			
	Was d	defectively signed. The manner in which the docume	ent was defectively signed and	the appropriate correction are			
	a3 1011	1045.		A. A.			
				- F 70			
			<u> </u>	<u>,,</u>			
	<u>or</u>	_					
	The el	lectronic transmission of the record was defective.		/ /			
		/ Where	// /	14/16			
		Signature of Authorized Representative	/ Da	ate /			
		ew registered agent, if applicable :(NOTE: if correct	ing the registered agent, the n	ew registered agent must sign			
accept	ing the c	designation).					
New R I hereb	legistere by accep	ed Agent's Signature, if changing Registered Agent: of the appointment as registered agent and agree to a	ct in this capacity. I further a	gree to comply with the			
provisi obliga	ions of a tions of i	all statules relative to the proper and complete perfor my position as registered agent as provided for in C	mance of my duties, and I am hapter 605, F.S. Or, if this doc	familiar with and accept the cument is being filed to merely			
reflect	a chang change.	ge in the registered office address, I hereby confirm t	hat the limited liability compo	any has been notified in writing			
		Registered Age	nt's Signature				
		Filing Fee: Certified Copy:	\$25.00 \$30.00 (optional)				