L04000015125

·
(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
•
Certified Copies Certificates of Status
•
F
Special Instructions to Filing Officer:
, '
, ·

Office Use Only



300183483983

07/28/10--01006--001 **60.00

10 JUL 28 AH 10: 26

FILED SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

JUL 2 9 2010

EXAMINER

COVER LETTER

	ntion Section of Corporations	· · · · · · · · · · · · · · · · · · ·					•
SUBJECT:		TCB Creativ	e Servic	es. LLC			
SUBJECT:		Name of Limite					
	•			;			
• •				,	*		,
The enclosed Art	icles of Amendment	and fee(s) are subm	nitted for filin	ng. '			
Please return all o	correspondence conce	erning this matter to	the following	ng: .	•		
	-	•	*.		* * * * * * * * * * * * * * * * * * *	,	
in and the second of the secon						,	
		K	Cathleen C	6. Dotson			
			Name of	Person			1-

		TCB	Collision	Repair, LLC	100	· · · · · · · · · · · · · · · · · · ·	-
		•	Firm/Co	mpàny	,		
					•		
		. 68		n Avenue	1	 	•
•	•		Addr	ess	1		
, in			2.1 ± € 1.				
	·	No.		FL 34291	:		
	•,		City/State and	d Zip Code		•	
	·	TC	BCreative	@aol.com			
	•	E-mail address: (to	be used for fu	ture annual report i	notification)		
For further inform	nation concerning thi	s matter, please cal	1:		,		
	-	-	•		•		•
	Kathleen G. Do	tson	at (.9	41	423-666	37	,
·	Name of Person			Area Code & Da	ytime Telephone	Number	
					,		
		~~ <u>,</u>	3,4		,		
Enclosed is a che	ck for the following	amount:		e e e e e e e e e e e e e e e e e e e	7	*	
\$25.00 Filing		Filing-Fee &	Certific	iling Fee & ed Copy is encl	osed)	0.00 Filing Fe Certificate of S Certified Copy additional cop	itatus & 🙏 🗀
,					4		
	MAILING ADDRE			STREET/COL		ESS:	
	Registration Section		·	Registration Se			,
•	Division of Corpora P.O. Box 6327	uons		Division of Co Clifton Buildin			*
•	Tallahassee, FL 323	14		2661 Executive	e Center Circle		
4				20-11-1-2- DI	22201		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

) is in a second				
TCB Col	lision Repair, LLC					
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	_ 28 SE				
(11100000						
The Articles of Organization for this Limited Liability Co	ompany were filed on 02/25/2004 a	nd assened $\widetilde{\widetilde{\mathcal{G}}}_{\mathcal{S}}$				
Florida document numberL0400015125	<u> </u>	PRANCE OF REAL PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF				
This amendment is submitted to amend the following:		. ℧				
A. If amending name, enter the new name of the limit	ted liability company here:					
	ative Services, LLC					
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation				
"L.L.C."						
Enter new principal offices address, if applicable:	6842 Abelson Avenue					
(Principal office address MUST BE A STREET ADDR	ESS) North Port, FL 34291	North Port, FL 34291				
••						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
<u> </u>	,					
•	".					
B. If amending the registered agent and/or registe	ered office address on our records, enter the na	me of the new				
registered agent and/or the new registered office addr	·					
	· ·					
Name of New Registered Agent:		: ·				
		*				
New Registered Office Address:	Enter Florida street address					
	Limor I for the art best ditter bas	•				
	, Florida	Codo				

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR ≐ Mai	nager	*	,	•		i	•
MGRM = M	fanaging Membe	r		,			٠.
Title	<u>Name</u>			Address			Type of Action
•	·		_	* · · · · · · · · · · · · · · · · · · ·			Add Remove
. •							
• •			- -		· · · · · ·		Add Remove
	. • •	•			• •		
							Add Remove
							Add Remove
			. ;			· · · · · · · · · · · · · · · · · · ·	
	·		_				Add Remove
			_				Add
	•					1	Remove
D. If amend	ling any other inf	ormation, enter c	hange(s)	here: (Attach	additional s	heets, if necessary.)	-
	•				:		SEC INSIGNATION
			,				JUL 28
					· · · · · · · · · · · · · · · · · · ·		a a a a a a a a a a a a a a a a a a a
Dated	July 26		2010	······································			OF STATE REPORATIONS
		do	thlie	ng dotas	m).		.;
•		Signature of a m	Kathle	auth@rized repres een G. Dotso	n	member,	
			Typed or p	printed name of s	ignee		•

Page 2 of 2

Filing Fee: \$25.00