

2/12/2021

Division of Corporations

L06099050073

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Name : FAEHNER PLLC
Account Number : I20170000081
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TRANSCYND, LLC**

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2/15/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRANSCYND, 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:

Michael J. Faehner

Name of Person

Faehner PLLC

Firm/Company

600 Bypass Dr, Ste 100

Address

Clearwater, FL 33764

City/State and Zip Code

filings@flnr.com

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

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Michael J. Faehner

727

443-5190

at ()

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

TRANSCYND, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/15/2006 and assigned
Florida document number L06000050073.

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:

21 RIGA LLC

New Registered Office Address:

301 WOODLANDS PKWY, STE 10

Enter Florida street address

OLDSMAR

City

Florida 34677

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>
MGR	WINKLER, JEFFREY	770 ISLAND WAY #103	<input type="checkbox"/> Add
		CLEARWATER, FL 33767	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TREGER, DALE	1100 WELLINGTON DR	<input type="checkbox"/> Add
		CLEARWATER, FL 33764	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BACKMAN, STEPHEN C	15404 HEATHRIDGE DR	<input type="checkbox"/> Add
		TAMPA, FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WINKLER, JEFFREY /	430 PARK PLACE BLVD	<input type="checkbox"/> Add
		SUITE 100	<input checked="" type="checkbox"/> Remove
		CLEARWATER, FL 33759	<input type="checkbox"/> Change
MGR	TREGER, DALE	430 PARK PLACE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		CLEARWATER, FL 33759	<input type="checkbox"/> Change
MGR	BACKMAN, STEPHEN C	430 PARK PLACE BLVD	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		CLEARWATER, FL 33759	<input type="checkbox"/> Change

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

NONE

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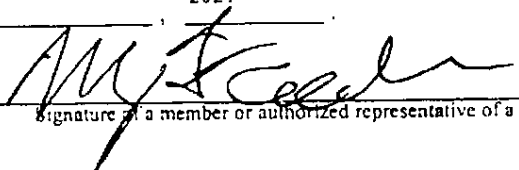
E. Effective date, if other than the date of filing: _____ (optional)

(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 February 11, 2021



 Signature of a member or authorized representative of a member

Michael J. Faehner

Typed or printed name of signer

Filing Fee: \$25.00