

206000057737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

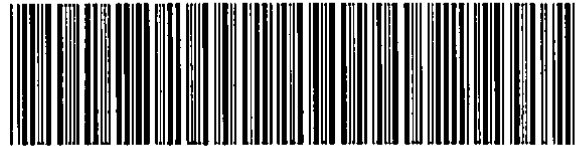
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600332489686

07/31/19--01009--011 \*25.00

FILED

2019 JUL 31 PM 4:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

153

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T-Bill Holdings, LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William O. Scaife III

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

P.O. Box 8218

\_\_\_\_\_  
Address

Fleming Island, FL 32006

\_\_\_\_\_  
City/State and Zip Code

billscaife@aol.com

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

For further information concerning this matter, please call:

William O. Scaife III

at ( 904 ) 509-8281

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

T-Bill Holdings, LLC

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

2019 JUL 31 PM 4:24

The Articles of Organization for this Limited Liability Company were filed on June 6, 2006 SECRETARY OF STATE  
Florida document number L06000057737 TALLAHASSEE, FLORIDA and assigned

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:**

113 Shore Lane

**(Principal office address MUST BE A STREET ADDRESS)**

Hawthorne, FL 32640

**Enter new mailing address, if applicable:**

P O Box 8218

**(Mailing address MAY BE A POST OFFICE BOX)**

Fleming Island, FL 32006

**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:

William O. Scaife III

New Registered Office Address:

113 Shore Lane

*Enter Florida street address*

Hawthorne

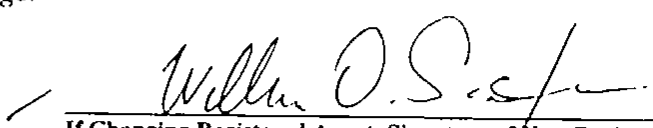
*City*

Florida 32640

*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>
MGRM	Trevor Waters Realty, Inc	7374 State Road 21 Keystone Heights, FL 32656	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	William O. Scaife III	P. O. Box 8218 Fleming Island, FL006	<input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Stacey Scaife	P. O. Box 8218 Fleming Island, FL 32006	<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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

**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.

Dated 7/15, 2019

Trenth Waters

Signature of a member or authorized representative of a member

Trevor H. Waters

Typed or printed name of signee