Division of Corporations Electronic Filing Cover Sheet

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(((H11000037171 3))) ·



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To:

Division of Corporations

Fax Number : (850)617-6383

L. SELLERS

FEB 14 2011

From:

Account Name : ENGLANDER & FISCHER, P.A EXAMINER Account Number : I20070000052

Phone

: (727)898-7210

Fax Number

: (727)898-7218

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TBFP, LLC

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H110000371713

COVER LETTER

TO: Registration Section Division of Corporations TBFP, LLC SUBJECT: 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: Sheldon Clark Name of Person Tampa Bay Financial Planning, LLC Firm/Company 2531 Landmark Dr. Suite 201 Address Clearwater, FL 33761 City/State and Zip Code sheldon.clark@raymondjamas.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 727_) 738-6101 Thomas Kane Ares Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, Certificate of Status & Certified Copy S55.00 Filing Fcc & Centified Copy (additional copy is enclosed) \$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327

Taliahassee, FL 32314

Clifton Bullding 2661 Executive Center Circle Tallahassee, FL 32301

H110000371713

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBFP, 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				
Florida document number L11000002044				
This amendment is submitted to amend the following:				
A. If amonding name, enter the new name of the limited liability company here:				
Tampe Bay Financial Planning, LLC				
The new name must be distinguishable and end with 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 smending 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:				
New Registered Office Address:				
Duer Florida streat address				
City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:				

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

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 heing 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 amending the Managers or Managing Members on our records, enter the title, name, and address of daily 1000 27171 3 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member				
Title	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Reinove	
			Add Remove	
			Add Remove	
	-		Add Remove	
D. If amend	ing any other information, enter change(s)	here: (Attach additional sheets, if necessary.)		
			- -	
 Dated	February 2011		-	
	Signaturo of a member or a	uthorized representative of a member		
	She	eldon Clark		
	** *	ave 2 of 2	•	

Filing Fec: \$25.00