

LI 0000 50178

(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



900271727429

04/24/15--01012--011 **25.00

FILED
15 APR 24 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAILED
MAY 01 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Just TCB, 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:

Tammarin Knuth
Name of Person

Just TCB, LLC
Firm/Company

13555 Croft Dr. N.
Address

Largo, FL 33774
City/State and Zip Code

devtcb@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devin Knuth or
Tammarin Knuth at (727) 596-3403
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/COURIER ADDRESS:

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

TO
ARTICLES OF ORGANIZATION
OF

Just TCB, 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 8/5/2011 and assigned
Florida document number L11000090178.

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 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 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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

Authorized Member 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 ^(TK) AMBR	Toby E. George	13555 Croft Dr. N.	☐ Add
		Largo, FL 33774	☒ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

15 APR 24 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

By removing Toby Edward George (10%),
Tammarin Knuth will be restored to 50%
ownership and Devin Knuth will be restored to
50% ownership. in units. - Thank you.

E. Effective date, if other than the date of filing: 4-20-15⁽¹³⁾ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated 4-20-15⁽¹²⁾ April 20, 2015.

TKnuth

Signature of a member or authorized representative of a member

Tammarin Knuth

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
15 APR 24 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA