

L11000093260

(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



000241791290

11/16/12--01004--004 **25.00

FILED

2012 NOV 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

NOV 19 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TIRZAH LISSAK, 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:

Tiffany Wilson
Name of Person

TC Property Management LLC
Firm/Company

813 N. ATLANTIC AVE
Address

COCOA BEACH FL 32931
City/State and Zip Code

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

For further information concerning this matter, please call:

Tiffany Wilson at (321) 783-5252
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

A.C.

FILED
2012 NOV 16 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

0083008
NOV 16 PM 1:06
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 8/15/2011 and assigned Florida document number L11000093260.

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)

813 N. Atlantic Ave
CoCoa Beach FL
32931

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

813 N. Atlantic Ave
CoCoa Beach FL 32931

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:

Tc Property Management LLC

New Registered Office Address:

813 N. Atlantic Ave

Enter Florida street address

CoCoa Beach, Florida 32931
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 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 = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Remove

2012 NOV 16 PM 1:06
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Dated November 6, 2012.

Dr. A. Lissak

Signature of a member or authorized representative of a member

DR. A. LISSAK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2012 NOV 16 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED