

L11000113785

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2011 OCT 13 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON

OCT 24 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TB AND CHASE, 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:

TERICK BERNARD
Name of Person

Firm/Company

5770 NW 60TH AVE APT E-205
Address

TAMARAC, FL, 33319
City/State and Zip Code

TERICKBERNARD@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TERICK BERNARD at (**954**) **701-4359**
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

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

FILED

2011 OCT 13 AM 11:58

TB AND CHASE, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/05/2011 and assigned
Florida document number L11000113785.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TB AND CHASE TAXSERVICES, 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:

3500 N STATE RD 7

(Principal office address MUST BE A STREET ADDRESS)

Suite 215

Lauderdale Lakes, FL, 33319

Enter new mailing address, if applicable:

5770 NW 60TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

APT-E205

TAMARAC, FL 33319

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:

TERICK BERNARD

New Registered Office Address:

5770 NW 60TH AVE APT-E205

Enter Florida street address

TAMARAC

, Florida

33319

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:

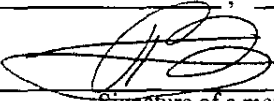
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TERICK BERNARD	5770 NW 60TH AVE APT-E205 TAMARAC, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ODEL PALMER	5770 NW 60TH AVE APT-E205 TAMARAC, FL 33319	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JEREMY MELVIN	2730 SOMERSET DR V-411 LAUDERDALE LAKES FL 33311	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/10/2011


Signature of a member or authorized representative of a member

TERICK BERNARD

Typed or printed name of signee

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TALLAHASSEE, FLORIDA