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To:

Division of Corporations

Fax Number

To: 18506176383

: (850)617-6383

From:

Account Name : FAEHNER PLLC Account Number : I20170000081 Phone : (727)306-0202

Fax Number

: (727)474-9949

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*



# LLC AMND/RESTATE/CORRECT OR M/MG RESIG TTSCS, LLC

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### **COVER LETTER**

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SUBJE	TT	TTSCS, LLC							
SODJE	C1:		Name of Lin	nited Liability Company	<del></del>				
The enc	losed Ar	ticles of Am	eendment and fee(s) are sub	sunitered Co. City					
				_					
riease r	etum ali	correspond	ence concerning this matter	to the following:					
			MICHAEL J. FAEHNER,	ESQ.					
				Name of Person	<del></del>				
			FAEHNER, PLLC						
				Firm/Company	<del></del>				
			301 WOODLANDS PKW	Y, SUITE #10					
				Address	<del></del>				
			OLDSMAR, FL 34677						
				City/State and Zip Code					
		1	ilings@fachner.com	to be used for future annual report notification)					
For furth	er infor	mation conc	erning this matter, please c	,					
MICHA	EL J. FA	AEHNER, E		727 306-0201 at ()					
		Name of Pe	rson	Area Code Daytime Teleph	one Number				
Enclosed	l is a che	ck for the fo	ollowing amount:						
₩\$25.	00 Filing	g Fee 〔	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Registr Division P.O. Be	Address: ration Secon of Compox 6327 assee, FL	orations	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810				

H240000813463

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TTSCS, LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number L11000137210	were filed on December 6, 2011 an	d assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	pility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:	25941 US Highway 19 North	
Principal office address MUST BE A STREET ADDRESS)	Clearwater, FL 33763	
Enter new mailing address, if applicable:	Post Office Box 16951	
Mailing address MAY BE A POST OFFICE BOX)	Clearwater, FL 33763	
•	·	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	1024 1100	
<b>.</b>		-i <b>']</b>
Name of New Registered Agent:	HAR - STATE -	
Name of New Registered Agent:  New Registered Office Address:		

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

Title	<u>Name</u>	<u>Address</u>	Town of A stire
MGR	Jeffrey Winkler	430 Park Place Blvd	Type of Action
			□Add
		Suite 100	■Remove
		Clearwater, FL 33759	Change
MGR	Dale Treger	430 Park Place Blvd	
		Suite 100	■ Remove
		Clearwater, FL 33759	□Change
MGR	Stephen C. Backman	430 Park Place Blvd	
		Suite 100	≅ Remove
		Clearwater, FL 33759	
MGR	Tim Journy	25941 US Highway 19N	<b>⊟</b> Add
		Clearwater, FL 33763	□Remove
			□Change
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