

L12000018221

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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A

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B. KOHR

MAY 30 2012

EXAMINER



900235550809

05/29/12--01048--025 **30.00

12 MAY 29 PM 3:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCB Specialty Services 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:

TADD L Stockbarger
Name of Person

TCB Specialty Services LLC
Firm/Company

2810 W PARKLAND Blvd
Address

Tampa FL 33609
City/State and Zip Code

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

For further information concerning this matter, please call:

TADD Stockbarger at (813) 508-2994
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

12 MAY 26 PM 3:51
RECEIVED IN COMPTON

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

TCB Specialty Services LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

19 MAY 29 PM 3:51
RECEIVED
CLERK OF THE COURT
HALL OF RECORDS
TAMPA, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/10/2012 and assigned
Florida document number CP 575A

L12000018221

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)

2810 W Parkland Blvd
Tampa FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2810 W Parkland Blvd
Tampa FL 33609

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:

TADD Stockbarger

New Registered Office Address:

2810 W Parkland Blvd

Enter Florida street address

Tampa

City

Florida

33609

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.

TADD Stockbarger
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:

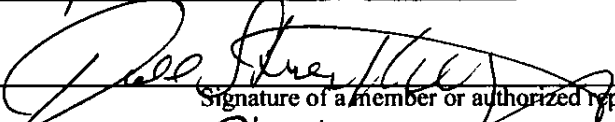
MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGR | TADD Stockbarger | 2810 W Parkland Blvd TAMPA FL 33609 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | Colleen Hyde | 2810 W Parkland Blvd TAMPA FL 33609 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGR | KENAN CANO | 408 Corbet BIF Dr RUSKIN FL 33570 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | Brian Fisher | 8412 Wood Apple crt TAMPA FL 33615 | <input type="checkbox"/> Add <input checked="" 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 5/23/2012, _____.



Signature of a member or authorized representative of a member
TADD Stockbarger

Typed or printed name of signee