

L130000130806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☒ PICK-UP

☐ WAIT

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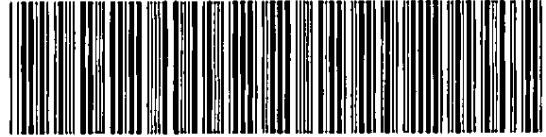
(Business Entity Name)

(Document Number)

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2021 AUG 10 PM 5:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Aug 11 2:45 PM
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2021

DUNLAP & SHIPMAN, PA
PICK-UP

SUBJECT: TCRG, LLC
Ref. Number: L13000130806

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

THE LAST PAGE OF THE DOCUMENT WHICH CONTAINS THE SIGNATURE OF AN AUTHORIZED REPRESENTATIVE IS MISSING. PLEASE COMPLETE THE LAST PAGE ATTACHED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 221A00019090

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

TCRG, 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 9/16/2013 and assigned
Florida document number L13000130806.

This amendment is submitted to amend the following:

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

Tosha Corrigan, LLC

The new name must be distinguishable and contain 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)

4281 E Co Hwy 30A

Santa Rosa Beach, FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Tosha Corrigan, LLC

PO Box 613380

Rosemary Beach, FL 32461

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

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

2021

Dated _____, _____

[Signature]

Signature of a member or authorized representative of a member

James Ruby

Typed or printed name of signee

Filing Fee: \$25.00