

L13000160993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

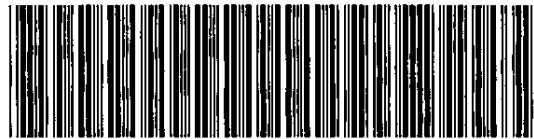
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/12/16--01043--008 **25.00

2016 SEP 12 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. GALT
EXAMINER
SEP 15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TBC 1000, 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:

Lyna Vaisberg
Name of Person

Firm/Company

18246 Collins Avenue
Address

Sunny Isles, FL 33160
City/State and Zip Code

lynavaisberg@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lyna Vaisberg at (305) 947-0477
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**

TBC 1000, LLC

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

FILED
2016 SEP 12 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/18/2013 and assigned Florida document number L13000160 993.

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 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)

18246 Collins Avenue
Sunny Isles, FL. 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

18246 Collins Avenue
Sunny Isles, FL. 33160

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:

Lyna Vaisberg

New Registered Office Address:

18246 Collins Avenue

Enter Florida street address

Sunny Isles

City

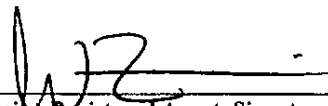
, Florida

33160

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

11 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Premier Business Management, LLC	2875 NE. 191 Street	☐ Add
		Suite 500. Aventura, FL. 33180	☒ Remove
			☐ Change
MGRM	Lyna Vaisberg	18246 Collins Avenue	☒ Add
		Sunny Isles, FL. 33160	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☒ Change
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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 TALLAHASSEE, FLORIDA

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

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated September 02nd, 2016

Signature of a member or authorized representative of a member

Lyna Vaisberg
Typed or printed name of signee