

L140000 64994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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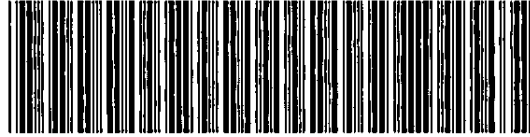
(Business Entity Name)

(Document Number)

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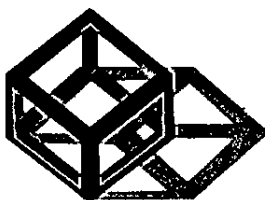
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FILED  
2015 OCT 16 PM 12:40  
CLERK OF STATE  
TALLAHASSEE FL 32304

OCT 19 2015  
J. HARRIS

Hillsborough County  
156 East Bloomingdale Ave.  
Brandon, Florida 33511-8179  
T (813) 685-8600  
F (813) 685-8699



**Cox Law, PLLC**

A Civil Trial Firm

October 12, 2015

**US MAIL**

Fla. Dept. of State  
PO Box 6327  
Tallahassee, FL 32314

Re: TIG Worldwide, LLC  
Document Number- L14000064994  
FEI Number- 46-5456358

To Whom It May Concern:

Enclosed you will find a copy of check #1278 in the amount of twenty five dollars-(\$25.00), which represents payment for the filing fee to remove Michael Ferris as manager of TIG Worldwide, LLC. Michael Ferris is currently listed as a manager, but he needs to be removed as he has resigned from the position as manager consistent with the operating agreement and Florida Statutes.

Your kind attention to these details is greatly appreciated. Please do not hesitate to contact us should you have any questions or concerns.

Sincerely yours,

*/s/Sean P. Cox*

Sean P. Cox, Esq., CPCU, MBA  
(Electronically signed to avoid delay)

SPC/vas  
CC: Client  
Enclosure

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TIG WORLDWIDE, 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:

Sean P. Cox, Esquire  
Name of Person

Cox Law PLLC  
Firm/Company

156 E. Bloomingdale Ave  
Address

Brandon, FL 33511  
City/State and Zip Code

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean P. Cox, Esquire at (813) 685-8600  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**TIG WORLDWIDE, 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 4/22/14 and assigned  
Florida document number L14000064994.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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**

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.

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr.	Michael Ferris	5701 Terrapark Dr.	<input type="checkbox"/> Add
		Githin, FL 33547	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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12:00  
FLORIDA  
TALLAHASSEE

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

Michael Ferns has resigned as manager, and therefore,  
he needs to be removed as manager.

E. Effective date, if other than the date of filing: 8-31-15 (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

10-12-15

Signature of a member or authorized representative of a member

Sean P. Cox, Esq., obo Michael Ferns  
Typed or printed name of signee

FILED  
2015 OCT 16 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA