

L14000125174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

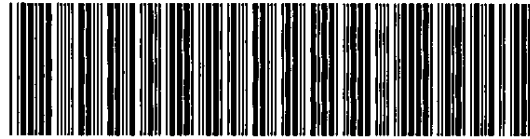
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300271807413

04/24/15--01003--013 **25.00

FILED
2015 APR 23 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N Culligan APR 30 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TBC 3, 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:

JEFFREY R. EISENSMITH, ESQUIRE

Name of Person

JEFFREY R. EISENSMITH, P.A.

Firm/Company

5561 N. University Drive, Suite 103

Address

Coral Springs, FL 33067

City/State and Zip Code

je@eisensmithlaw.com

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

For further information concerning this matter, please call:

Jeffrey R. Eisensmith at (954) 523-7601
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 & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$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 3, LLC

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

FILED
2015 APR 23 PM 12:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/8/14 and assigned Florida document number L14000125174.

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:

8461 Lake Worth Road, Suite 109

(Principal office address MUST BE A STREET ADDRESS)

Lake Worth, FL 33467

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:

Jeffrey R. Eisensmith, Esquire

New Registered Office Address:

5561 N. University Drive, Suite 103

Enter Florida street address

Coral Springs

City

, Florida

33067

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 005, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

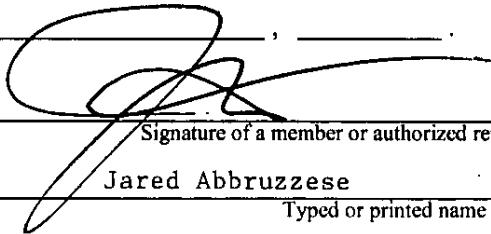
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jared Abbruzzese	8461 Lake Worth Road, Suite 109 Lake Worth, FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Authorized Member	Mark H. Dahlmeier, Esq.	505 S. Flagler Drive, Suite 1100 West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input 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.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____



Signature of a member or authorized representative of a member

Jared Abbruzzese

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 APR 23 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA