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2015 HOV 12 AN IO: 30

J. HARRIS

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ	ECT: TYB LLC  Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Chris Doll (Registered Agent) Name of Person
	Firm/Company  87/0 W. Hills barough Ave #243  Address  City/State and Zip Code  Chris doll Ogmail. Com  E-mail address: (to be used for future annual report notification)
For fu	E-mail address: (to be used for future annual report notification)  rther information concerning this matter, please call:    C   S   D   A   Area Code   Daytime Telephone Number      A   A   Area Code   Daytime Telephone Number
Enclos	sed is a check for the following amount:
\$2	25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee,  Certificate of Status \$\Bigcup \$\text{Certified Copy} & \text{Certified Copy} & Certified

### 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 ARTICLES OF ORGANIZATION **OF**

TTYB 21C		
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	8//7//5 and assigned	ed
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	nere:	
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:	3	
(Principal office address MUST BE A STREET ADDRESS)	1> C-1 HATE	<del>-</del>
	33 7 T	, n
Enter new mailing address, if applicable:	71 mm	-:
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	·
<del></del>	<u> </u>	
B. If amending the registered agent and/or registered office address o registered agent and/or the new registered office address here:	on our records, enter the name of t	<u>the nev</u>
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
Enter Flo	orida street address	
	, Florida	
City  New Registered Agent's Signature, if changing Registered Agent:	Zip Code	

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, <u>enter the title, name, and address of each person being added or removed from our records:</u>

MGR = Ma AMBR = Au	nager thorized Member		
Title MGR	Name Tyler Lasher	Address Type of SIDI West San Jose Stadd  Tampa, F1 33629 DRemo	Action ove
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ective date, if other than the	date of filings		(optional)
effective date is listed, the date mus	t be specific and cannot be prior to de	ate of filing or more than 90 day	ys after filing.) Pursuant to 605.0
e: If the date inserted in this blument's effective date on the December 1.	ock does not meet the applicable	statutory filing requiremen	its, this date will not be listed
record specifies a delayer	d effective date, but not a	n effective time at 13	):01 a m on the earlier
he 90th day after the rec		reflective time, at 12	a.iii. oii tile eaillei
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ed Nov4	, <u>LUI)</u>	2.	
ed Nov 4	Cha DRY	20	
ed Nov 4	Signature of a member or authorize	d representative of a member	

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Filing Fee: \$25.00