15000159194

Office Use Only



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COVER LETTER

	istration Securition of Corp							
SUBJECT:	TLP CONSTRUCTION LLC Name of Limited Liability Company							
3013/12-1.								
The enclosed	l Articles of A	Amendment and fee(s) are subt	nitted for filing.					
Please return	all correspor	dence concerning this matter t	to the following:					
		JOHN HOWARD						
	Name of Person							
	HOWARD BOOKKEEPING AND TAX SERIVECE							
	Firm/Company							
	P O BOX 21 Address							
APALACHICOLA, FL 32320								
		faithrealty@hotmail.com	City/State and Zip Code					
			o be used for future annual report notific	cation)				
For further in	nformation co	ncerning this matter, please ca	dl:					
John Howar	rd		850 653-6986					
Name of Person Area Co			Area Code Daytime	Telephone Number				
Enclosed is a	a check for the	e following amount:						
■ \$25.00 F	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

TLP CONSTRUCTION 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 SEPTEMBER 18, 2015 and assigned Florida document number L15000159194 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

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

_____, Florida ____

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	HOWARD ENFINGER	65 24TH ST.	<u></u> ≘ Add
		APALACHICOLA, FL 32320	Remove
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Filing Fee: \$25.00