

L16000033345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

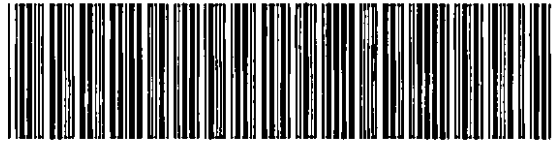
(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/18--01007--031 **35.00

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SEP 29 10 29 PM '18

10/31/18 Qs



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 17, 2018

KELLIE BULLEN
11547 SE 123RD ST
BELLEVIEW, FL 34420

SUBJECT: TCB & ASSOCIATES, LLC
Ref. Number: L16000033345

We have received your document for TCB & ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 818A00021194

FILED

2018 OCT 29 PM 4:26

2018 OCT 29 PM 3:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCB & Associates, 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:

Kellie Bullen
Name of Person

TCB & Associates, LLC
Firm/Company

11547 SE 123rd St
Address

Belleview, FL 34420
City/State and Zip Code

Kellie.Bullen@Live.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie Bullen at (352) 817-1925
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

FILED
2011 OCT 20 PM 6:39

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TCB & Associates 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 2-17-16 and assigned
Florida document number 16000033345

This amendment is submitted to amend the following:

1. 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 "LLC."

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) _____

2. 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

3. 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

IGR = Manager

MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kenneth Wyninger	17534 SE 95 th Cir	<input type="checkbox"/> Add
		Summerfield FL 34491	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kellic Bullen	11547 SE 123 rd St	<input type="checkbox"/> Add
		Belleview FL 34420	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

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

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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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

- 1) The 90th day after the record is filed.

Dated October 25, 2018

Enter Ballen

Signature of a member or authorized representative of a member

Benton Bullen

Typed or printed name of signee