

L16000062559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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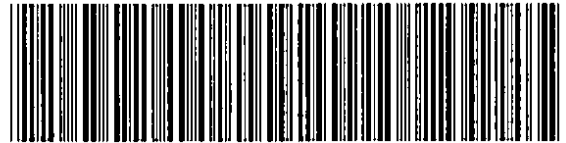
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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BONNEY & ASSOCIATES, P.A.

A PROFESSIONAL ASSOCIATION
ATTORNEYS AND COUNSELORS AT LAW

gbonney@bandslaw.org

GARTH D. BONNEY, ESQ.

DOWNTOWN OFFICE
514 MAGNOLIA AVENUE
PANAMA CITY, FL 32401
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(850) 215-6840 OFFICE
(850) 215-6846 FAX

March 31, 2021

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

RE: Foxy Lady Charters, LLC
T&B Property Enterprises, LLC

Dear Sir or Madam:

This firm has the pleasure of representing Thomas G. McCoy, the authorized member of the limited liability companies listed above. On behalf of our client, we are submitting the enclosed amendments and resignations forms for filing.

Also enclosed are checks which are attached to each respective form for the filing fees. If you have any questions, please do not hesitate to contact our office.

Sincerely,

BONNEY & ASSOCIATES, P.A.

Caroline Ouimet
Paralegal to Garth D. Bonney, Esq.

Enclosures

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOXY LADY CHARTERS, 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:

THOMAS G. MCCOY AS TRUSTEE

Name of Person

Firm/Company

P.O. BOX 27670

Address

PANAMA CITY BEACH, FL 32411

City/State and Zip Code

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

For further information concerning this matter, please call:

THOMAS G. MCCOY

Name of Person

at ()

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FOXY LADY CHARTERS, 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 03/29/2016 and assigned
Florida document number L16000062559.

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 "L.L.C." 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

City

_____, Florida

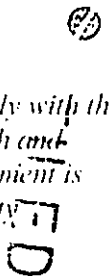
Zip Code

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

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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	THOMAS G. MCCOY		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas G. McCoy as trustee of the	P.O. Box 27670, Panama City Beach, Florida 32411	<input checked="" type="checkbox"/> Add
			<input 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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 FILED
 ADD
 REMOVE
 CHANGE

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

Remove Thomas G. McCoy as MGR.

Add Thomas G. McCoy as trustee of the Thomas G. McCoy Trust, dated November 13, 2019 as MGR.

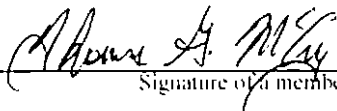
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

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 January 22nd 2021



Signature of a member or authorized representative of a member

Thomas G. McCoy as trustee of the Thomas G. McCoy Trust, dated November 13, 2019

Typed or printed name of signer

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