

216 000 103136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

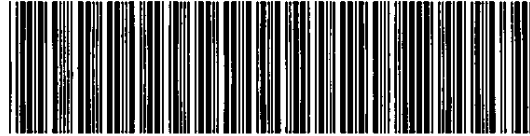
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 27 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

JUN 29

TO: REGISTRATION SECTION
DIVISION OF CORPORATIONS

FOR: ARTICLES OF AMENDMENT (TPL & ASSOCIATES LLC)

FL DOCUMENT #: L16000103136

ENCLOSED: CHECK FOR \$25 MADE PAYABLE TO FL DEPT. OF STATE FOR AMENDMENT FILING FEE

Included in this envelope is the \$25 filing fee for the articles of amendment for TPL & Associates LLC that was mailed yesterday (6/24/16). The document was mailed, but an error was made and the check wasn't placed in the envelope. Please apply this fee to the articles of amendment that were filed yesterday (6/24/16) for document number L16000103136. Please send all related correspondence to me at:

ZC TAX SERVICES LLC
1926 TRADE CENTER WAY STE. 4
NAPLES, FL 34109

Phone: (239) 208-6335

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TPL & 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:

ZACH COUTURE

Name of Person

ZC TAX SERVICES LLC

Firm/Company

1926 TRADE CENTER WAY STE. 4

Address

NAPLES, FL 34109

City/State and Zip Code

ZACH@ZCTAXSERVICES.COM

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

For further information concerning this matter, please call:

ZACH COUTURE

239

208-6335

at (_____) _____

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

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

TPL & ASSOCIATES LLC

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

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2016 JUN 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 05/26/2016 and assigned Florida document number L16000103136.

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

_____, Florida _____
City 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

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 PETER LEECH	1289 GRAND CANAL DRIVE	<input type="checkbox"/> Add
		NAPLES, FL 34110	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 JUN 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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2016 JUN 27 AM 8:30
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TALLAHASSEE, FLORIDA

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 6/24/2016

Signature of a member or authorized representative of a member

THOMAS PETER LEECH

Typed or printed name of signee