

L16000152985

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(Address)

(Address)

(City/State/Zip/Phone #)

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2017 FEB 21 P 12:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

03/01/17

D. BRUCE
FEB 22 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TCP CONNECT 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:

JEAN-CLAUDE ALCIME

Name of Person

TCP CONNECT LLC

Firm/Company

450 SW VIOLET Ave. B

Address

PORT St LUCIE FL 34983

City/State and Zip Code

jealcime@TCPCONNECT.NET

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

For further information concerning this matter, please call:

JEAN-CLAUDE ALCIME

Name of Person

at (603)

Area Code

231-9263

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

TCP CONNECT 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 TCP CONNECT LLC and assigned Florida document number L16000152985.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TCP CONNECT FINANCIAL SERVICES LLC

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)

450 SW VIOLET AVENUE
PORT ST LUCIE FL 34983

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

450 SW VIOLET AVENUE
PORT ST LUCIE FL 34983

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:

JEAN-CLAUDE ALIMA

New Registered Office Address:

2419 SW SANSOM LN

Enter Florida street address

PORT ST LUCIE

City

Florida

34983

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.

J. Claude Alima

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 03/01/17

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	JEAN-CLAUDE ALCIME	2419 SW SANSON LN FSL 34953	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLERK OF STATE

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

UPDATE THE COMPANY NAME

From: TCP CONNECT LLC

To: TCP CONNECT FINANCIAL SERVICES LLC

E. Effective date, if other than the date of filing: 03/01/2017 (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 on the earlier of:
(b) The 90th day after the record is filed.

Dated MARCH 1st, 2017

J. Claude Alcime

Signature of a member or authorized representative of a member

JEAN-CLAUDE Alcime

Typed or printed name of signee

CLERK OF STATE
TALLAHASSEE, FLORIDA

2017 FEB 21 P 12:30

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