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(Re	questor's Name)	
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COVER LETTER

TO: Registration Division of C	Section Corporations		
OLIDADOO	Bay TC, LLC		
30bJEC1:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub spondence concerning this matter	, and the second	
	Christopher C. Campione.	, Esq.	
		Name of Person	
	Campione Campione & L	eonard P.A.	
		Firm/Company	
	4445 North Highway A1A	Suite 110	
		Address	
	Vero Beach, FL 32963		
		City/State and Zip Code	
	ccampione@cclverolaw.co		<u></u>
	E-mail address: (to be used for future annual report notif	ication)
For further information	n concerning this matter, please c	all:	
Christopher C. Campi	one, Esq.	772 978-9582 at ()	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r 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

Bristol Bay TC, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on November 16,2016	and assigned		
Florida document number L16000209429				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ility company here:			
TC Bridge Blvd, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3001 Ocean Drive Suite 203			
cipal office address MUST BE A STREET ADDRESS) Vero Beach, FL 32963				
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered of	Figure address on our records of the	the Trame of the		
egistered agent and/or the new registered office address her				
	- San			
Name of New Registered Agent:		7 0		
New Registered Office Address:		STA. FE		
New Registered Office Address.	Enter Florida street address	7 S		
	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> **Type of Action** _□ Add _□ Remove □ Change _□ Add _□ Remove □ Change _ Add □ Remove ☐ Change □ Add □ Remove ☐ Change ☐□ Remove DAdd __ F emove ☐ Change

					
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Filing Fee: \$25.00