

L16000219124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

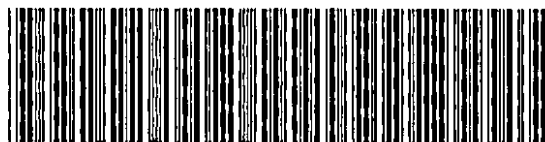
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700322344977

12/27/18--01026--010 **25.00

FILED

2018 DEC 27 PM 6:10

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE
JAN 01 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TC CONSULTING AND MANAGEMENT SERVICES, 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:

TERRENCE COLE

Name of Person

Firm/Company

PO BOX 270725

Address

TAMPA, FL 33688

City/State and Zip Code

TCOLE@COLE-ASSOCIATESLLC.COM

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

For further information concerning this matter, please call:

TERRENCE COLE

813

820-5850

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**

FILED

2018 DEC 27 PM 6:10

TC CONSULTING AND MANAGEMENT SERVICES, LLC

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

CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on DECEMBER 2, 2016 and assigned
Florida document number 116000219124.

This amendment is submitted to amend the following:

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

COLE & ASSOCIATES CPA, 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)

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:

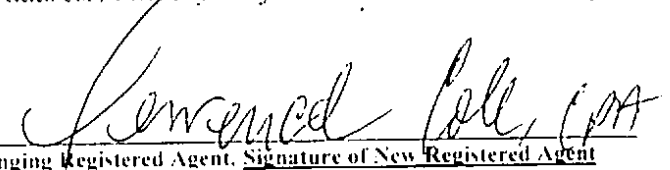
Name of New Registered Agent: TERRENCE COLE, CPA

New Registered Office Address: 1115 BALLARD GREEN PLACE
Enter Florida street address

BRANDON Florida 33511
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>
AMBER	TERRENCE COLE, CPA	1115 BALLARD GREEN PLACE	<input type="checkbox"/> Add
		BRANDON, FL 33511	<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
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


[illegible]

(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)

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.

CEMBER 19th 2018



Signature of a member or authorized representative of a member

Typed or printed name of signee