# L17000081926

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## **COVER LETTER**

Div	ision of Corp	orations			
SUBJECT:	TBC Docksi	de, LLC			
Some Ci,		Name of Lim	ited Liability Company		
The englaces	l Amiolog of A	mendment and fee(s) are sub	mitted for filing		
			_		
Please return	all correspon	dence concerning this matter	to the following:		
		William B. Yeomans, Jr.			
			Name of Person		
		TBC Dockside, LLC			
			Firm/Company		
		PO Box 250			
			Address		
		Pinellas Park, FL 33780			
			City/State and Zip Code	<u> </u>	<del></del>
		clockwood@brooklinedeve			<del> </del>
			to be used for future annual	report notification	)
For further in	iformation co	ncerning this matter, please ca	all:		
William B.	Yeomans, Jr.		315 37 at ()	72-3722	
	Name of	Person	Area Code	Daytime Telepl	hone Number
Enclosed is a	check for the	following amount:			
□ \$25.00 H	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	iling Address:	:	Street A	ddress:	

TO: Registration Section

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBC Dockside, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company	were filed on April 12, 2017	and assigned
Florida document number L17000081926		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		102"
		A and
Enter new mailing address, if applicable:		0
Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the na	ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	isher Fibrial sheet dadress	
	Florida	Zip Code
	Citi	zip Çoae

### 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 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>	Address	Type of Action
AMBR	TBC Assemblage, LLC	PO Box 250, Pinellas Park, Fl. 33780	■Add
			□Remove
			□Change
MGR	William B. Yeomans, Sr.	PO Box 250, Pinellas Park, FL 33780	□Add
			Remove
			□Change
MGR	William B. Yeomans, Jr.	PO Box 250, Pinellas Park, FL 33780	□Add
			Remove
			□Change
MGR	Nicole D. Smigliani	PO Box 250, Pinellas Park, FL 33780	□∧dd
			Remove
			□Change
			□Add
		<del></del>	□Remove
			□Change
	<del></del>	<del>-</del>	□Add
			□Remove
			□ Change

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ective date, if other than the effective date is listed, the date mute: If the date inserted in this bument's effective date on the I	ist be specific and cannot be pri- lock does not meet the appl	icable statutory filing (	(optional) re than 90 days after filing.) Pr requirements, this date wi	ursuant to 605.020' Il not be listed as
cord specifies a delayed effecti s filed.	ve date, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 9	Oth day after the
ed September 9	. 2021	·		
	1 To			
<u> </u>	Signature of a member of aut	~~~		

Filing Fee: \$25.00