# LI70008dA8

(Requestor's Name)
(Address)
,
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Outlined Outline
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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05/30/17--01033--023 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Co	
SUBJECT:	TCD Tenders LLC
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filling.
Please return all correspo	ondence concerning this matter to the following:
	Dona Meyer  Name of Person
	Mack's Tenders
	11362 San Jose Blud
	Jacksonville F1 32223  City/State and Zip Code
	City/State and Zip Code  DON RIGHT OF SUCOMOUS AND TErmall address: (to be used for future arrival report notification)
For further information of	concerning this matter, please call:
Dana M	Teyer at (904) 422-3262  of Person Area Code Daytime Telephone Number
Name (	a reason — Area code Dayume Telephone Number
Enclosed is a check for t	he following amount:
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Gadditional copy is enclosed)  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 Bullding
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT LES OF ORGANIZATION 0F The Articles of Organization for this Limited Liability Company were filed on \_ and assigned Florida document number 2170000866698 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 "LLC. 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:

# 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

Title	Name	Address	Type of Action
MBR	Dana Meyer	16430his Glen A	
		S1.50hns F1 32259	Remove
0	~~		Change
URBET .	Thradae Meyer	169 Johns Gen Dr StJohns Fl 32259	Add
HMRK		St50hns F132259	Remove
- 0			Change
AMBK	Charles Donte	54024 Marlee Rd	Add
		Callahan F1 32011	Remove
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			C Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	<del></del>
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Page 3 of 3

Filing Fee: \$25.00