

L170000093256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

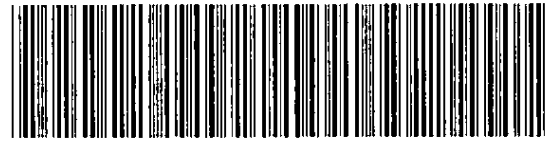
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CLERK OF COURT
TALLAHASSEE, FL

2023 JAN -4 PM 3:29



CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 305593 8072721
AUTHORIZATION : 
COST LIMIT : \$60.00

ORDER DATE : January 4, 2023
ORDER TIME : 2:0 PM
ORDER NO. : 305593-005
CUSTOMER NO: 8072721

DOMESTIC AMENDMENT FILING

NAME: TOM MCDANIEL & ASSOCIATES, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
 RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tom McDaniel and Associates, 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:

David Alport

Name of Person

Firm/Company

4312 N. Williams Ave.

Address

Portland, OR 97217

City/State and Zip Code

david@bridgecitycollective.com

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

For further information concerning this matter, please call:

Winsome Eustace

at (720) 613-0643

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input 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 checked="" 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 Address:

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**

FILED

2023 JAN -4 AM 10: 55

Tom McDaniel and Associates, LLC

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

SECRET
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/27/2017 and assigned
Florida document number L17000093256.

This amendment is submitted to amend the following:

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

FSCC of Florida, 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:

4312 N. Williams Ave.

(Principal office address MUST BE A STREET ADDRESS)

Portland, OR 97217

Enter new mailing address, if applicable:

4312 N. Williams Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Portland, OR 97217

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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

Enter Florida street address

Tallahassee

City

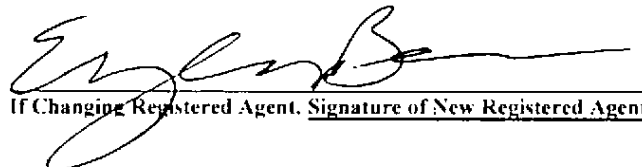
Florida

32301

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>
MGR	David Alport	4312 N. Williams Ave.	<input checked="" type="checkbox"/> Add
		Portland, OR 97217	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Thomas McDaniel	4380 Beach Drive SE	<input type="checkbox"/> Add
		St. Petersburg, FL 33705	<input checked="" 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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ST. LOUIS, MO

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.

Dated January 3, 2023

David Alport

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00