## L17000100361

(Re	equestor's Name)	
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(Ac	idress)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
	Re	ceived 06/10
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	Office Use Or	1y 5.C.
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### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2021

MICHELE HOLLWORTH 1322 N. PINELLAS AVE. TRAPON SPRINGS, FL 34689

SUBJECT: TBCC, LLC Ref. Number: L17000100361

We have received your document for TBCC, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We recieved a cover letter with no document attached. Please fill out the contracted documents.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Summer Chatham OPS

Letter Number: 421A00011142

#### **COVER LETTER**

TO:	Registration Sec Division of Corp		•	
CUDI	ect.	TBCC.	LLC	
2001	ECT:		d Liability Company	<del></del>
The er	iclosed Articles of A	amendment and fee(s) are submi	tted for filing.	
Please	return all correspon	dence concerning this matter to	the following:	
			ELE HOLZWOR Name of Person	
		TB	CC UC Firm/Company	<del></del>
		1322 N	PINEUAS A	TVE
		TARPON	SPRINGS FL	34689
		michelea Mimiladies (10)	7 ohnsmith plu	imbing nets
For fu	rther information co	ncerning this matter, please call:	e used for future unitally report notific	
	MI CUEU Name of	E HULZWORTY	1 at (727) 934 Area Code Daytime	Telephone Number
Enclos	sed is a check for the	e following amount:		. 2t
<b>X</b> 32	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 Se Division of Co	ection	Street Address: Registration Sect Division of Corpe	
	P.O. Box 6327 Tallahassee, F	1	The Centre of Ta 2415 N. Monroe	Hahassee

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TBCC,	uc			<del></del>
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears of ed Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L/7000/0036/</u> .	nny were filed on	5/7/2	017 an	nd assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	jability company here:			
			<del></del>	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the desig	nation "LLC" or	the abbreviati	on "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			···- · · · · · · · · · · · · · · · · ·	<u>(b)</u>
Futer new mailing address, if applicable:		2° "'	الال 1301	1
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)			-10	
		•	_D	
			=	
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our reco	rds, <u>enter the</u>	name th	<u>e new registerec</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida	street address		
- <del></del>	City	, Florid	la	Coda
	Cui.		гір	Com

#### 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>	<u>Address</u> - · ·	Type of Action
MBP	MICHELE HOLZWORTH	1322 NYWEUR ATE TARPON SPRINGS. FL 3	XAdd 4659
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