# L17000236806

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## CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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### **COVER LETTER**

TO:

Registration Section

Division of Corp	orations		
	ES CORNER, LLC		
SUBJECT:	Name of Lat	mited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are su	bmitted for tiling.	
Please return all correspor	ndence concerning this matter	r to the following:	
	CHRISTINA LOCKWOO	OD	
		Name of Person	
	IPANIES, LLC		
		Firm Company	
	100 INTREPID LANE, S	UITE IA	59 187 297
		Address	
	SYRACUSE, NY 13205		12
		City State and Zip Code	$\triangleright$
	clockwood@brooklinedev		ά
		(to be used for future annual report notification)	<u></u> زي:
For further information ce	ncerning this matter, please i	call:	
CHRISTINA LOCKWOO	OD	315 481-3335 at ()	
Name of	Person	Area Code Daytime Felephone Number	
Enclosed is a check for th	-		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &
Registra Division P.O. Bo	NG ADDRESS: ation Section a of Corporations x 6327 secc. F1, 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

IBC ADOR'S CORNER, LEC	ted Liability Comm	any as it now annears on our records a		
	(A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on NOVEMBER 15, 2017	and assigned	
Florida document number L17000236506	<del></del> ,			
This amendment is submitted to amend the foli	lowing:			
A. If amending name, enter the new name of	f the limited liab	ility company here:		
TBC ADDIE'S COMMERCIAL, LLC				
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:		13920 58th Street N., Bldg. 10, Suite 1014		
(Principal office address MUST BE A STREET ADDRESS)		Clearwater, FL 33760		
		<del></del>		
Enter new mailing address, if applicable:		13920 58th Street N., Bldg. 10, Suite 1	014 2	
(Mailing address MAY BE A POST OFFICE BOX)		Clearwater, FL 33760	<u> </u>	
			2	
3. If amending the registered agent and			r the name of the	
egistered agent and/or the new registered o	ffice address her	<u>e</u> :	<i>ب</i> رب	
			.=	
Name of New Registered Agent:			ر، ا 	
New Registered Office Address:	13920 58th Stre	eet N., Bldg. 10, Suite 1014		
		Enter Florida street address		
	Clearwater	Florida $\frac{3}{2}$	3760	
		City	Zip Cade	

#### 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Change
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