117000250684

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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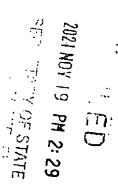
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A. RIVERS
DEC - 6 2021



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COVER LETTER

•	ision of Cor			•	
eth tezer	MY RICHMOND 138, LLC Name of Limited Liability Company				
SUBJECT:					
The encloses	l Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		BLAKE OBER			
		<u> </u>	Name of Person		
		COX & COMPANY			
	Firm/Company				
	1005 W. INDIANTOWN RD, #202				
			Address		
	JUPITER, FL 33458				
			City/State and Zip Code		
		BLAKE@COXANDCOM			
For further in	nformation e	n-mail address: (oncerning this matter, please e	to be used for future annual report no	ittication)	
		oncerning this matter, piease e			
BLAKE OBER		561 747-8266 at () Area Code Daytin	ne Telephone Number		
	Name o	f Person	Area Code Daytii	ne Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	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)	
	iling Addres		Street Address:		
Registration Section			Registration Se	Registration Section	
Division of Corporations P.O. Box 6327				Division of Corporations The Centre of Tallahassee	
	lahassee. I			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY RICHMOND 138 J.C.

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000250684</u> .	oany were filed on 12/17/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MY TCB, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here;	fice address on our records, enter the na	
Name of New Registered Agent:		2021 HOY
New Registered Office Address:	Enter Florida street address	5 5
	, Florida	PH 2
	City	Zip ode 2
New Registered Agent's Signature, if changing Registered Ag	<u>(ent:</u>	₽

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□∧dd
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□∧dd
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Chanee

. If amending any other information, enter change(s) here: (Attach additional	al sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
	···-
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing redocument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0207 (, equirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on cord is filed.	the earlier of: (b) The 90th day after the
Dated NOVEMBER 10 2021	
Signature of a member occluthorized representative of	u mumbar
Signature of a measurer occutumorized representative of	a thenIPCI
JUFFRICH COX	

Filing Fee: \$25.00