118000103574

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

Office Use Only



000410030960

06/09/23--01006--019 **25.00



COVER LETTER

	Registration Se Division of Cor		•	,
0.115.11		-		
SUBJE	CT:	Name of Lim	ited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sean Simpson		
			Name of Person	
		TCP FUNDING LLC		
			Firm/Company	
Name of Person TCP FUNDING LLC Firm/Company 2914 1/2 Beach Blvd South Unit 3 Address Gulfport. Florida 33707 City/State and Zip Code sean@timecodeproduction.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sean Simpson 727 Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: ■ \$255.00 Filing Fee Certificate of Status Certified Copy Certificate Certified Copy Certified Copy Certificate Certified Copy Certified Copy Certificate Certified Copy Certified Certified Copy Certified Cert		· ·		
			Address	
		Gulfport, Florida 33707		
		sean@timecodeproduction.c	,	
		E-mail address: (to be used for future annual report notifi-	cation)
For fur	ther information co	oncerning this matter, please ca	all:	·
Sean S	impson			
	Name of	f Person		Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$2.	5.00 Filing Fee		Certified Copy	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	oorations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TCP FUNDING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04/24/2018 ___ and assigned Florida document number $\underline{L1800}0103574$ 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: Enter Florida street 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 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 ۲

<u>Title</u>	Name	Address	Type of Action
CEO	Adam Freeman	2914 1/2 BEACH BLVD SOUTH UNIT 3000 CINE PORT FL 33707	≥OS □Add
			■Remove
			🗆 Change
			□Add
			□Remove
	`	·	☐Change
			N□Add
			: :: :: :: ::: ::: ::: ::: ::: ::: :::
			□Chaṇge
			🗖 Add
			□Remove
			□ Change
			□Add
	``		□Remove
			□Change
			□Add
			Remove
			□Change

amending any other infor	mation, enter change(s) here: (Attach additional shee	ets, if necessary.)
		
		· · · · · · · · · · · · · · · · · · ·
		•
		·
		<u></u>
	·	,
ote: If the date inserted in this	the date of filing: must be specific and cannot be prior to date of filing or more than 90 s block does not meet the applicable statutory filing requires to Department of State's records.	
record specifies a delayed effertise is filed.	ctive date, but not an effective time, at 12:01 a.m. on the ear	rlier of: (b) The 90th day after th
June 6th	2023	
	Signature of a member of authorized representative of a member	hor
	Signature of a memory of authorized representative of a memory	001
Sean Simpson	Typed or printed name of signee	