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AM 8: 55



## **COVER LETTER**

	egistration Se vision of Cor			
(1111 1112 YT		ln TBT, LLC		
SUBJECT	-	Name of Lim	ited Liability Company	<del></del>
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Mary O'Kelley		
		Baker Donelson Bearman	Name of Person Caldwell & Berkowitz, P.C.	
		633 Chestnut Street Suite	Firm/Company	·
		Chattanooga, Tennessee 3	Address 7450	
		mokelley@bakerdonelson.c		
			to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ea	all:	
Mary O'Ke	lley		423 209-4143 at ( )	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 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

FILED

2018 NOV -9 AM 8: 55

MCP Lincoln TBT, 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 July 24, 2018 Florida document number L18000177546 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 "L.L.C." 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 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.

City

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>	<u>Address</u>	Type of Action
MGR	MCP 490 St Pete, LLC	394 Hancock Street	
MCK			
		Madison GA 30650	
			Remove
			<del></del>
			Change
			□ Add
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			Add
			Remove
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			□ Remove
			Change

	<del></del>
Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	November 8 2018
Dated	1 /10 WITO 0
Dated	Mary Mall
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00