N8000242694

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A. BUTLER
JAN 2 4 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	STRUCTION & DESIGN, LLC	Z .	•
SUBJECT:	Name of Lin	nited Liability Company	,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	G. CHUCK TAYLOR		
		Name of Person	
	TPR CONSTRUCTION &	DESIGN, LLC	
		Firm/Company	
	2589 JENKS AVENUE		
		Address	
	PANAMA CITY, FL 3240	05	
		City/State and Zip Code	
	chuck@tpr-totalhomes.com	•	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
G. CHUCK TAYLOR		334 464-1979 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation.
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TER CONSTRUCTION & DESIGN, I	
(Name of the Limited) (Λ	Liability Company as it now appears on our records.
The Articles of Organization for this Limited Liabi Florida document number L18000242694	(r
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
TBR COASTAL ELITE, LLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:
(Principal office address MUST BE A STREET A	(IDDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or regi agent and/or the new registered office address h	stered office address on our records, <u>enter the name of the new registere</u> lere:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	, Florida
	City Zip Code

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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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is filed.	delayed effective						The 90th day	after the
ted	10	,	2022	_ ·				
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