L18000252031

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Sunshine State Corporate Compliance Company

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DATE 03/13/2023	-		**WALK IN**
ENTITY NAME TB PO	WER CREATION LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE ATTACHED	AND RETURN	
xxxxx	Plain Copy Certified Copy Certificate of Status		
***	PLEASE OBTAIN THE FOLLOWING FOR Certified Copy of Arts & Amendments Certificate of Good Standing	THE ABOVE ENTITY**	
	APOSTILLE' / NOTARIAL CE	RTIFICATION	
COUNTRY OF DESTINA. NUMBER OF CERTIFICA			
TOTAL OWED \$25	A	CCOUNT #: 12016000007	2
Please call Tina at t	he above number for any issues or	-	o much!

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations TB POWER CREATION LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jonathan S. Trabitz, Esq. Name of Person Thomas G. Sherman, P.A. Firm/Company 90 Almeria Avenue Address Coral Gables, FL 33134 City/State and Zip Code Terrelibridges@tbpowerereation.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jonathan S. Trabitz Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION: [] [] **OF**

27631' R L3 AH 10: 58

TB POWER CREATION LLC

(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears ed Liability Company)	on our records.) 100 IRIC
The Articles of Organization for this Limited Liability Compa Florida document number L18000252031	ny were filed on Oct	ober 26, 2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company her	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the de	signation "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)		
	-	
3. If amending the registered agent and/or registered offic	e address on our re	cords, enter the name of the new register
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florid	du street address
	City	, Florida Zip Code
ew Registered Agent's Signature, if changing Registered Agen	r nt:	
hereby accept the appointment as registered agent and a		angeity. 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
CEO	Terrell V. Bridges	7551 Wiles Road	□ Add
		203	≣Remove
		Coral Springs, FL 33067	□Change
MGR	Terrell V. Bridges	7551 Wiles Road	
		203	
		Coral Springs, FL 33067	□Change
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			□ Change

Effective date, if other than the date of filing: (optional) (optional) (optional) (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (obtained by the date is listed, the date must be specific and cannot be prior to date of filing requirements, this date will not be listed as locument's effective date on the Department of State's records. (optional) (optional) (optional) (optional) (and it is presented in the presentation of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (obtained by a file of the presentation o		· - -			<u> </u>	-			<u>_</u>	
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Signature of member or authorized representative of a member	March 11)23						
Signature of member or authorized representative of a member	ated		1/)						
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Filing Fee: \$25.00