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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

Division of Cor			•
	ement Specialists Referral LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
·	Jeffrey B Miller		
		Name of Person	<del></del>
	TC Management Specialis	ts Referral LLC	
		Firm/Company	<del></del>
	2355 SE Scatury Lane		20191
	Port St. Lucie, FL 34952	Address	2019 HAR 22
	jeff@mgtspec.com	City/State and Zip Code	ration)
	E-mail address: (	to be used for future annual report notific	cation) 5
For further information of	concerning this matter, please c	all:	•
Jeffrey B Miller		772 528-6575	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDDESS.	STREET/COURIE	P ADDRESS:

MAILING ADDRESS:

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 OF

TC Management Specialists Referral LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability C	Company were filed on <u>02/07/2019</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		APP.
(Principal office address MUST BE A STREET ADD	RESS)	R PANOVE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		- 1
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	ys
	, F1	orida
	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 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>	Address	Type of Action
	David Derrenbacker		
MGR			
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		Lucie, FL 34952	Remove
			<u> </u>
			Change
	51.1. 3.211		Change
MGR	Blake Miller		
		2355 SE Seafury Lane, Port Saint Lucie, FL 34952	
		Eucle, TE 34752	Remove
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		02/07/	2019	,		
(If an effective of	te, if other than the d late is listed, the date must b	be specific and cannot be	prior to date of filin	g or more than 90 days a	ptional) ofter filing.) Purs	uant to 605.0
	date inserted in this bloc effective date on the Dep			tiling requirements,	this date will r	not be listed
	specifies a delayed of day after the recor		t not an effect	ive time, at 12:0	1 a.m. on t	he earlier
(0)	<b>33,</b> 3, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,					
Dated March	19		·	-		
		_				
_	S	ignature of a member or	authorized represer	ntative of a member	-	
Î e	rffrey B Miller					
	_					

Page 3 of 3

Filing Fee: \$25.00