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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: TC &CC LLC 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:		
Tarif Chowdhury Name of Person		
TC&CC LLC Firm/Company		
8191 Wild Oaks Circle		
Largo, FL 33773 City/State and Zip Code		
Tcandcc 2019 @amail. com E-mail address: (to be used for future amdal report notification)	19	1. 53 2.
For further information concerning this matter, please call:	. 130	일시 영화
Tarif Choudhury at (727) 453-8955 Name of Person Daytime Telephone Number	-9 FHI2: 46	RY OF STATE
Enclosed is a check for the following amount:	ล้า	10 Kg
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		G,

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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 & CC LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	<u>ir records.</u>)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1900128899</u>	were filed on <u>OS</u>	13 2019 and assigned	đ
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C,"	
Enter new principal offices address, if applicable:	1101 5.	Missouri Ave	
(Principal office address MUST BE A STREET ADDRESS)	Clearwate	33756	73 751/2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		0CT -9 PN12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		records, enter the name of th	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	ret address	
		, Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

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

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

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>Name</u>	<u>Address</u>	Type of Action
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		□ Remove
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	Name	

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filling requirements, this date will not be listed as document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.		
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	Dated	October 7 2019
Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00