

L19000170061

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : FANELLI LAW FIRM, PA
Account Number : I20120000059
Phone : (813)384-4841
Fax Number : (813)749-9475

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jfanelli@fanellilaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TCWP LLC**

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AUG 30 2019

M. SOLOMON

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19 AUG 29 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FL

2019 AUG 29 PM 1:22

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: TCWP 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:

Julie Fanelli

Name of Person

Fanelli Law Firm PA

Firm/Company

5300 W Cypress Street, Suite 200

Address

Tampa, FL 33607

City/State and Zip Code

jfanelli@fanellilaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Fanelli

813 384-4841

Name of Personat (_____) _____
Area Code_____
Daytime Telephone Number

Enclosed is a check for the 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:**
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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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>	<u>Type of Action</u>
CEO P	Pamela J. Stross		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5300 W. Cypress St., Ste. 200 Tampa, FL 33607	<input checked="" type="checkbox"/> Change
P	Shad Besikof		<input type="checkbox"/> Add
		5300 W. Cypress St., Ste. 200 Tampa, FL 33607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated August 23, 2019

Signature of a member or authorized representative of a member

Pamela J. Stross, CEO

Typed or printed name of signee

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