L20000 24158

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COVER LETTER

TO:

TO:	Registration Se Division of Cor			
SUBJEC	TCOP LLC	:		
SUBJEC	-1. <u></u>	Name of Lim	ited Liability Company	
The enci	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Brian N. Delauter		
			Name of Person	
		TCOP LLC		
			Firm/Company	
		116 Fitzgerald St.		
		 · ,	Address	
		Franklin, TN 37064		
			City/State and Zip Code	
		bdelauter@gmail.com		
		E-mail address: (to be used for future annual report not	tification)
For furth	her information o	concerning this matter, please c	all:	
Brian N	. Delauter		615 982-0045 at ()	
	Name o	of Person		ne Telephone Number
Enclose	d 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)
	Mailing Addre		Street Address:	action
	Registration Division of C		Registration Se Division of Co	
	P.O. Box 632	•	The Centre of	•
	Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L20000024158</u> .	iability Company were filed on $\frac{01}{2}$.	1/16/2020	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:	<u> </u>	<u>. 53</u>
(Principal office address MUST BE A STREE	ET ADDRESS)		0 F
·		**	
Enter new mailing address, if applicable:			Dep II
(Mailing address MAY BE A POST OFFICE BOX)		3.	<u>Ö</u>
Municipality Wall DE ATOST OFFICE	<u> </u>	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		records, <u>enter the name</u>	of the new reg
Name of New Registered Agent:	Ditali IV. Delatter		
New Registered Office Address:	7232 South Leewynn Dr.		
	Enter Flo	orida street address	
	Sarasota	, Florida ³⁴²⁴	10
	City		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TOODLIC

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
MGR	Amy L. Delauter	116 Fitzgerald st	
		Franklin, TN 37064	■Remove
			□Change
MGR	Amber Mumaw	7232 S. Leewynn Dr.	■Add
		Sarasota, FL 34240	□Remove
			□Add
			Remove
			Change
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing i: If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.		
cord specifies a delayed effective date, but not an effective time, at 12:01 a filed.	a.m. on the earlier of: (b) The 90	th day after th
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Typed or printed name of signee