

L2000000 24158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

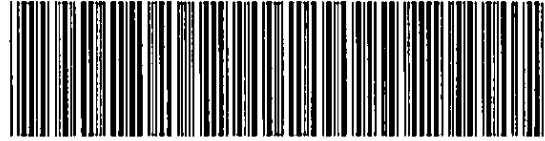
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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02/24/20--01029--006 \*\*35.00

20 FEB 24 2020

20 FEB 24 2020

FILED

MAR 14 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TCOP 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:

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 notification)

For further information concerning this matter, please call:

Brian N. Delauter

615 982-0045  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

B. W. D. D.  
If Changing Registered Agent, Signature of \_\_\_\_\_

**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>
MGR	Amy L. Delauter	116 Fitzgerald st	<input type="checkbox"/> Add
		Franklin, TN 37064	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Amber Mumaw	7232 S. Leewynn Dr.	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34240	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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1-00  
20 FEB 21 AM 10:36  
1-00

20 FEB 21 AM 10:36

(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)

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 \_\_\_\_\_,

Signature of a member or authorized representative of the contractor

Signature of a member or authorized representative of a member

**Brian N. Delauter**

Typed or printed name of signee