

L20 000 102945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

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2021 MAR -8 PM 12:09

SECRET

# Appendix

MAY 16 2021  
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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TMCAA Investments, 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:

Tiffany Myers

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

\_\_\_\_\_  
Firm/Company

10437 Starling Trl

\_\_\_\_\_  
Address

Panama City, FL 32401

\_\_\_\_\_  
City/State and Zip Code

info@tmcaaunlimited.com

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

For further information concerning this matter, please call:

Tiffany Myers

850

819-3761

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

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

TMCAA Investments, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2021 MAR -8 PM 12:09  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 4/14/2020 and assigned  
Florida document number L20000102945.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

TMCAA Unlimited, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7901 4th St N, STE 300

**(Principal office address MUST BE A STREET ADDRESS)**

St. Petersburg, FL 33702

Enter new mailing address, if applicable:

7901 4th St N, STE 300

**(Mailing address MAY BE A POST OFFICE BOX)**

St. Petersburg, FL 33702

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Registered Agents Inc

New Registered Office Address:

7901 4th St N, STE 300

*Enter Florida street address*

St. Petersburg

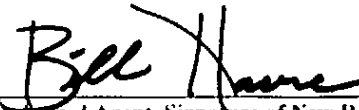
Florida 33702

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Curtis C. Addison	1123 Cone Ave	<input type="checkbox"/> Add
		Panama City, FL 32401	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Angel T. Myers	10437 Starling Trl.	<input type="checkbox"/> Add
		Hampton, GA 30228	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**