121000330866

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer: Corrections sent by FMOEL on 7/8/22. Q. SILAS
continued on 7/8/22.
JUL 0 8 2022

Office Use Only



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04/15/22--01008--023 ++25.6

June 6, 2022

COLETTE CHASE 306 HUTCHINSON FARMS RD GRIFFIN, GA 30224

SUBJECT: 1202 SN ST LLC Ref. Number: L21000330866

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 422A00012633

Querida R Silas Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration So Division of Cor				
1202 SN S				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	COLETTE CHASE			
		Name of Person		
	TC WILLIAMS GROUP I	.LC		
		Firm/Company		
	7801 Ridgewood Ave, Apt	1.15		
		Address		
	Cape Canaveral, FL 32920)		
		City/State and Zip Code		
	tewilliamsgroup@gmail.com	n to be used for future annual	sport not fination	
For further information of	concerning this matter, please ca		report notification)	
Colette Chase		720 38	4-3551	
Name (of Person	Area Code	Daytime Telephone Number	
Enclosed 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 en	Certificate of Status &	
<u>Mailing Addre</u> Registration		Street A Registr	ddress: ation Section	
Division of Corporations		Division of Corporations		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1202 SN ST LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	Company were filed on 07/21/2	021 and assigned
Florida document number L21000330866	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
TC ALPHA LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register		ds, enter the name of the new register
agent and/or the new registered office address here	:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	reet address
		. Florida
	City	, Florida 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			
			Remove
			□Change
			□Add
		-	□Remove
			□Change
			□Add
			□Remove
		<u>-</u>	□Change
			□Remove
			□Change

			-	
	 			
		 		
				
				
				
				
				
				
Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the applic	able statutory filing require	(optional) 10 days after filing.) Pursua 1ments, this date will no	unt to 605.0207 (3) of be listed as the
ne record specifies a delayed effective ord is filed.	date, but not an effective ti	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th	day after the
Dated	. 2022	<u> </u>		
	Signature of a member or author Signature of a member or a member or a member or a member or a member of a member o			
S	signature of a member or author	orized representative of a mem	iber	
COLETTE CHASE				

Filing Fee: \$25.00