

L21000334473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

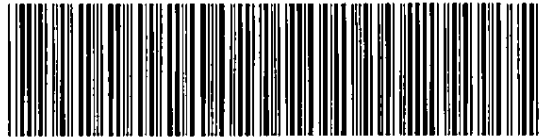
(Business Entity Name)

(Document Number)

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R. HUNT

04/10/23

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 1611 Holdings TC 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:

Sara Bytheway

Name of Person

Law Office of Marc A. Austin, P.C.

Firm/Company

3521 North University Avenue #200

Address

Provo, UT 84604

City/State and Zip Code

1611holdings@gmail.com

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

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CLERK

For further information concerning this matter, please call:

Sara Bytheway

801 374-8925

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

1611 Holdings TC LLC

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

The Articles of Organization for this Limited Liability Company were filed on July 23, 2021 and assigned  
Florida document number 1.21000334473.

This amendment is submitted to amend the following:

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

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:**

(Principal office address MUST BE A STREET ADDRESS)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

*Enter Florida street address*

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>	<u>Address</u>	<u>Type of Action</u>
MGR	1611 Holdings LLC	1393 Country Club Drive	<input type="checkbox"/> Add
		St. George, UT 84790	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Garret Steed	11104 Indian Oaks Drive	<input checked="" type="checkbox"/> Add
		Tampa, FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Joseph McCord	271 East 450 North	<input checked="" type="checkbox"/> Add
		Lindon, UT 84042	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

2023 JUN 10 PM 2:19  
STATE  
CLERK'S OFFICE, FL

OFFICE OF THE  
CLERK OF THE SUPREME COURT  
JANUARY 10 PM 2:19  
TALLAHASSEE, FL

(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.

Joseph McCord

Signature of a member or authorized representative of a member

Joseph McCord

Typed or printed name of signee

**Filing Fee: \$25.00**