## Florida Department of State

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## **COVER LETTER**

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Division of Cor			
SUBJECT: TLC Charte	er IIC		
Sebuci. The chair		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	John W. Forchand		
		Name of Person	
	Kurkin Forchand Brandes	LLP Firm/Company	<u></u>
	1089 W. Morse Blvd., Sui	de D Address	
	Winter Park, FL 32789	City/State and Zip Code	<del></del>
	iforchand@kfb-law.com		<del>,,</del>
For further information e	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	rication)
John W. Forchand	1014	at (850 ) 391-7705	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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 (udditional copy is enclosed)
Mailing Address Registration		Street Address: Registration Sc	ection
Division of C		Division of Co.	
P.O. Box 632	-	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oc Street, Suite 810

H210004158173

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H210004158173

TLC Charter, LLC (Name of the Limited Liability C	٠٠ (١)
(A Florida Liu	Company as It now appears on our records.) nited Liability Company)
The second section for the Line and Link like Com-	and agriced
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/19/2021 and assig
Florida document number L21000456000	
This amendment is submitted to amend the following:	-
A. If amending name, enter the new name of the limited	l liability company here:
NIJB. 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:	
(Principal office address MUST BE A STREET ADDRES	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ffice address on our records, enter the name of the new registe
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address
agent and/or the new registered office address here:  Name of New Registered Agent:	
agent and/or the new registered office address here:  Name of New Registered Agent:	Enter Florida street address , Florida City Zip Code

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:

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MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	Name	Address	Type of Action
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
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			□ Change
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document's effective	e date on the Departm	ent of State's reco	rds.			
1	teluyed effective date.	but not an effective	o time, at 12:01 i	.m, on the earlier of	(b) The 90th	day after th
e record specifies it c rd is filed.	leffyed effective date.	III III III III III				
Dated Oov	ember 4		<u>)                                     </u>	1		
- <u>-                                  </u>		// -/	ALEXANDER OF THE PARTY OF THE P			

Filing Fee: \$25.00