

L22000000635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

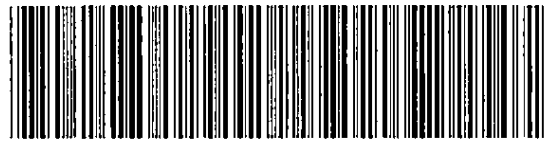
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500398931725

12/15/2022 10:01 AM **25.00

DEC 15 2022

9 000000

2022 DEC 16 PM 5:01

FILED
2022 DEC 16 PM 5:17
SECURITY DEPT
FILING OFFICE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TBC Company 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:

Jennifer Teifke
Name of Person

1088 CR 437
Firm/Company

Lake Panasoffkee, FL 33538
Address

City/State and Zip Code

JenniferTeifke67@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

TBC Company 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 12-22-21 and assigned
Florida document number L22000001635

This amendment is submitted to amend the following:

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

Brent Coggin 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 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

Florida

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

FILED
2022 DEC 16 PM 5:17
SECRETARY OF STATE
TALLAHASSEE, FL 32310

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	
		<input type="checkbox"/> Add	
		<input type="checkbox"/> Remove	
		<input type="checkbox"/> Change	

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

12-16, 2022

Jennifer Teipe
Typed or printed name of signer

Filing Fee: \$25.00