L22000141920

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2022 AUS 29 PH 4: 10

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COVER LETTER

Division of Co		•	
*****	estments, LLC		
30b3EC1.		ited Liability Company	<u>_</u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Curran		
		Name of Person	
		Firm/Company	
	8111 Happy Trails		
	·	Address	
	Kissimmee, FL 34747		
	tcurran l l l@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
Spencer Gledhill		407 872-0200 at ()	
Name o	of Person		: 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 enclosed)	S60.00 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

TCKC Investments, LLC

2022 AUG 29 PM 4: 11

(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 March 23, 2022 and assigned Florida document number L22000141920 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 "LLC." 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 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
MGR	Tyler Curran	8111 Happy Trails	= Add
		Kissimmee, FL 34747	□Remove
			□Change
MGR	Kathleen Saint-Leger	8111 Happy Trails	Add
		Kissimmee, FL 34747	□Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			□Add
			□Remove
			□Change
		····	□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

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f an effective date Note: If the dat	if other than the date of is listed, the date must be specifically inserted in this block does tive date on the Department.	ritic and cannot be prices not meet the appli	icable statutory fil	more than 90 days after ing requirements, the	r filing.) Pursuant to 605	6.0207 ed as
record specifierd is filed.	s a delayed effective date, l	out not an effective	time, at 12:01 a.n	n. on the earlier of: (b) The 90th day after	r the
Dated Mu	-25	2022	·			
O	Thomas,	(4,004	_			
	Signatu	as a Co mambas as aut	horized representati	ve of a member		
	Thomas	ſ)			
	120 MIS	LIURAY.		·		

Filing Fee: \$25.00

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

TCKC Investments, LLC	
(<u>Name of the Limite</u> (d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
	ability Company were filed on March 23, 2022 and assigned
Florida document number L22000141920	
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	(ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>
B. If amending the registered agent and/or re	gistered office address on our records, enter the name of the new reg
agent and/or the new registered office address	here:
Name of New Registered Agent:	
Name of New Negistered Agent.	
New Registered Office Address:	Enter Florida stroet address
	Enter Florida street address , Florida

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.

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MGR	Tyler Curran	8111 Happy Trails	@ Add
		Kissimmee, FL 34747	□Remove
			□ Change
MGR	Kathleen Saint-Leger	8111 Happy Trails	= Add
		Kissimmee, FL 34747	□Remove
			□ Change
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			□Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
	
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(lf an e <u>Note</u>	tive date, if other than the date of filing:
If the reco record is t	
Dated	Muy 25 2022 Thomas Curre
	Signature of a member or authorized representative of a member
	Thomas Cona AN Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00