

h22000153438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

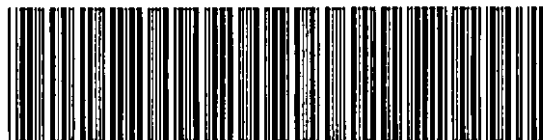
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATIONS

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

TCB ENTREPRENDES 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:

Mineque Denis  
Name of Person

TCB Entreprendes LLC  
Firm/Company

3030 N Rocky Point DR W unit 15  
Address

Tampa FL 33607  
City/State and Zip Code

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

22 AUG 15 AM 8:50

State of Florida  
Division of Corporations

For further information concerning this matter, please call:

Mineque Denis  
Name of Person

at (813) 442-2820  
Area Code Daytime Telephone Number

Enclosed is a check for the 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 (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**

TCB ENTREPRENDES 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 03/30/2022 assigned  
Florida document number L22000153438 AUG 15 AM 8:50  
DIVISION OF CORPORATE FILINGS

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)

3030 N Rocky point Drive  
Suite 150  
TAMPA FL 33607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

TCBEntreprendes@gmail.com

**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:

Mineque Denis

New Registered Office Address:

3030 N Rocky point Drive W suite 150  
Enter Florida street address

TAMPA  
City

Florida

33607  
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.*

Mineque Denis

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>
AMBR	Mineque Denis	3030 N Rocky point ave	<input checked="" type="checkbox"/> Add
		unit 150	<input type="checkbox"/> Remove
		Tampa FL 33607	<input checked="" type="checkbox"/> Change Address
AMBR	Alberony Denis	2212 15th Ave	<input type="checkbox"/> Add
		Dolmetto FL 34211	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

22 AUG 15 AM 8:50  
DIVISION OF  
JUVENILE JUSTICE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Update Address for the Member Remaining  
on the Company.

22 AUG 15 AM 8:50

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated August 8th, 2022.

Mineque Denis  
Signature of a member or authorized representative of a member

Mineque Denis  
Typed or printed name of signer