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COVER LETTER

	vision of Corp			
SUBJECT:	TCP B, LLC			
oebone i.			ted Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following;	
		Ricky Huff, Esq.		
			Name of Person	
		Brown Huff Zohar		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		1480 Beltrees St., Ste. 7		
			Address	
		Dunedin, FL 34698		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	information c	oncerning this matter, please co	ail:	
Ricky Huff	f, Esq.		727: 214-1179	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is	a check for th	he following amount:		
≣ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
R D P	egistration of Co. O. Box 632 allahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2022 SEP 16 AM 6: 18

TCP B, 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 May 13, 2022 ____ and assigned Florida document number _____L22000201530 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>	Name	Address	Type of Action
			□Add
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e record rd is filed	specifies a delayed effective date, but l.	not an effective	time, at 12:01 a.m	. on the earlier of: (b) The 90th day after the
Sated	eptember 15	2022	- ·		
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	Signature o	a number or aut	horized representati		