

L22000 429550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED RECEIVED
MAR 13 PM 12:05 2023 MAR 13 AM 10:52
STATE ALABAMA SEC. 10

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 03/13/2023

****WALK IN****

ENTITY NAME TB Power Creation Properties LLC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$25

ACCOUNT #: I20160000072

S R J/16

Please call Tina at the above number for any issues or concerns. Thank you so much!



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2023

SUNSHINE STATE

CORRECTED
Please Allow For
Same File Date

SUBJECT: TB POWER CREATION PROPERTIES LLC
Ref. Number: L22000429550

We have received your document for TB POWER CREATION PROPERTIES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number listed does not match the Name.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 823A00005888

RECEIVED
2023 MAR 14 PM 3:02
DIV. OF
CORPORATIONS
FLORIDA

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

FILED
2023 MAR 13 PM 12:05

TB POWER CREATION PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

COUNTY OF STATE
FLORIDA, FL

The Articles of Organization for this Limited Liability Company were filed on October 5, 2022 and assigned
Florida document number L22000429550.

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) _____

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

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>
CEO	Terrell V. Bridges	7551 Wiles Road	<input type="checkbox"/> Add
		203	<input checked="" type="checkbox"/> Remove
		Coral Springs, FL 33067	<input type="checkbox"/> Change
MGR	Terrell V. Bridges	7551 Wiles Road	<input checked="" type="checkbox"/> Add
		203	<input type="checkbox"/> Remove
		Coral Springs, FL 33067	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change


4/23/13 PM 12:05
STATE
VOLUME 11

STATE
COUNTY OF FLORIDA

(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.

March 11, 2023



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00