

M22 000 002 446

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

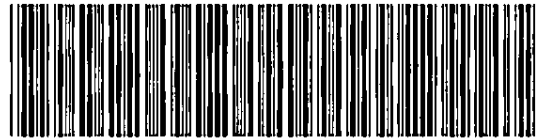
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023 JAN -3 PM 4:17

CLERK OF SUPERIOR COURT  
JANUARY 3, 2023

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FEB 03 2023

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TSP FAMILY OFFICE SERVICES 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:

THOMAS GOLDMAN

Name of Person

GOLDMAN CHURCH LAW, PLLC

Firm/Company

4357 VIRGINIA DRIVE

Address

ORLANDO, FL 32814

City/State and Zip Code

tom@goldmanchurchlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas Goldman

239

961-1899

at ( )

Name of Person

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

2023 JAN -3 PM 4:17  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 13, 2022

THOMAS GOLDMAN  
4357 VIRGINIA DRIVE  
ORLANDO, FL 32814

SUBJECT: TSP FAMILY OFFICE SERVICES, LLC  
Ref. Number: M22000002446

We have received your document for TSP FAMILY OFFICE SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall  
OPS Clerk

Letter Number: 522A00027655

2022 JAN -3 PM 12:36

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: TSP FAMILY OFFICE SERVICES, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M2200 000 2446

3. Jurisdiction of its organization: DELAWARE

4. Date authorized to do business in Florida: 02/03/2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: ANDREW MILES

New Registered Office Address: 2150 15TH AVENUE, VERO BEACH, FL 32960  
Enter Florida Street Address

VERO BEACH Florida 32960  
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.*

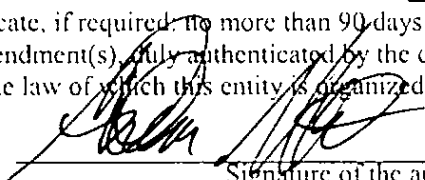
\_\_\_\_\_  
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>THEODORE ZAMERSK</u>	<u>2150 15<sup>th</sup> Avenue</u>	<input type="checkbox"/> Add
		<u>Vero Beach, FL 32960</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>ANDREW MILES</u>	<u>2150 15<sup>th</sup> Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>Vero Beach, FL 32960</u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
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<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove

9. Attached is a certificate, if required, no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.

  
\_\_\_\_\_  
Signature of the authorized representative

ANDREW MILES  
\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: \$25.00