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(Red	questor's Name)	
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## **COVER LETTER**

TO: Registration Se Division of Cor	ection rporations		
SUBJECT: T	IYATA PROPERTIES Name of Lim	LLC ited Liability Company	
	Amendment and fee(s) are sub ondence concerning this matter	-	
	DAVID_SCH	WALLER Name of Person	<del>.</del>
		Firm/Company	
	211 LITHIA PIN	ECREST ROAD Address	
	BRANDON F	LORIDA 33511 City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notifi	cation)
For further information e	concerning this matter, please c		2915 MAR
	SCHWALLER	at ( <u>813</u> ) <u>917-1882</u>	
Nume o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TIYATA LLC			
<del> </del>	(Name of the Limited Liabi (A Florid	lity Company as it now appe la Limited Liability Company	ears on our records.)	
The Articles of Organization Florida document number	on for this Limited Liability	Company were filed on _	MARCH 9, 2015	and assigned
his amendment is submitt	ed to amend the following:			
a. If amending name, em	ter the new name of the lin	nited liability company	here:	
TIYATA PROP	ERTIES LLC			
he new name must be distingui	shable and end with the words "I	imited Liability Company," th	he designation "LLC" or the al	obreviation "L.L.C."
Enter new principal office	es address, if applicable:	<del></del>		
Principal office address N	<i><b>1UST BE A STREET ADD</b></i>	RESS)		
Enter new mailing addres Mailing address MAY BE	ss, if applicable: <u>A POST OFFICE BOX</u>			
	gistered agent and/or reg ne new registered office ad		on our records, <u>enter</u>	the name of the new
Name of New Re	gistered Agent:			5 75 75 75 75 75 75 75 75 75 75 75 75 75
New Registered (	Office Address:			33 5
		Enter F	lorida street address Florida	TO A F
		City		Zip Code
New Registered Agent's Sig	nature, if changing Register	ed Agent:		3 m 6

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

Is amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Títle</u>	Name	Address	Type of Action
ritte	Name	Address	Type of Action
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(optional) and cannot be more than 90 days after
presentative of a member

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Filing Fee: \$25.00

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