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SECRETARY OF STATE AND A HARREST FLORIDA

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COVER LETTER

TO:	Registration Secti Division of Corpo			
SUBJ	ECT:	7V80	6 LLC ited Liability Company	<u>. </u>
	1		ompany	
The e	nclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.	
Please	e return all correspond	ence concerning this matter	to the following:	
·		Ma	rili Oancio - Name of Person	Johnson
		Mari	Cancio Jo	phnson, PA
		/39	95 Brickell Address	Ave, #650
			(ianu, 4L 3 City/State and Zip Code	3/3/:
		E-mail address: (i	In Cancio & Cie	Law, con Es & T
For fu	rther information cond	erning this matter, please ca	all:	P 26
#	Marili Ca Name of Po	ancio Johnso		PDD-233055 & Saytime Telephone Number & Saytime
Enclo	sed is a check for the t	ollowing amount:		
		□ \$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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TVS	206 LLC	r.
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our l Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L/6000/68934</u>	, , , , , , , , , , , , , , , , , , ,	09/2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limitenter new principal offices address, if applicable:		"LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDR	<u> </u>	* 9
Enter new mailing address, if applicable:		5 SEP SEORETTO
(Mailing address MAY BE A POST OFFICE BOX)		SSE 28 FF
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on our re	ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	Linei I to ma si ett	
· .	Citv	, Florida 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.

MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> Type of Action Anna Paula C Carneiro 1395 Brickell Ave # 650 0 Add Miane, 4L 33/31 ☐ Change MOR Anna Laura C 1395 Brickell Ave # 650 Add Miam, JL 33/3/2 Remove ☐ Change □ Add ☐ Remove. ☐ Change $\overline{\sigma}$ □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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9 55 4	<u> </u>
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	(antianal)
ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to dat If the date inserted in this block does not meet the applicable s	(optional) te of filing or more than 90 days after filing.) Pursuant to 6
nent's effective date on the Department of State's records.	statutory ming requirements, this date with not be in
	officiative time at 12,01 a.m. on the car
cord specifies a delayed effective date, but not an 90th day after the record is filed.	effective time, at 12.01 a.m. on the ear
9/2/ 120/10	
9/21,2016.	