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(Business E	Entity Name)
(Document	Number)
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07/31/24--01037--021 **25.00



Docusign Envelope ID: 5846141A-7DDF-4470-A500-18100AE15332 COVER LETTER

TO: Registration S Division of Co			
Tatinek, L	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Glen R. Williams		
		Name of Person	
	Tatinek, LLC		
	···	Firm/Company	
	5817 Fieldmoor CT		
		Address	
	Palmetto FL, 34221		
	-	City/State and Zip Code	
	grw0314@gmail.com		
		to be used for future annual report notif	ication)
For further information	concerning this matter, please of	all:	
Glen R. Williams		727 742-6210 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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	tion
Division of (Division of Corp	
P.O. Box 63:	27	The Centre of T	allahassee
Tallahassee,	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tatinek, LLC	_ 		
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited)	nny as it now appears on our re Liability Company)	<u>ecords.</u>)
The Articles of Organization for this Limited Li Florida document number L20000360751	ability Company	were filed on 11/13/2020	and assigned
	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company" the designation	"I.I.C" or the abbreviation "I.I.C."
Enter new principal offices address, if applic			7 203
(Principal office address MUST BE A STREE	T ADDRESS)		
		<u> </u>	<u> </u>
Enter new mailing address, if applicable:		5817 Fieldmoor CT	
(Mailing address MAY BE A POST OFFICE BOX)	Palmetto, FL 34221		
			- 一
B. If amending the registered agent and/or ragent and/or the new registered office addres	Ç	address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	5817 Fieldmoo		
		Enter Florida street a	ddress
	Palmetto	Z11.	_, Florida <u>34221</u>
		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.

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11 amending Authorized rerson(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>	Type of Action
AMBR	Brittany Williams	5817 Fieldmoor CT, Palmetto FL, 34221	≣Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		Remove	
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		□Remove	
			□Change
			□Add
			□Remove
			□Change

			
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Effective date, if other than the if an effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the Do	t be specific and cannot be prior to dat ock does not meet the applicable s		filing.) Pursuant to 605.0207 (3
e record specifies a delayed effective rd is filed.	e date, but not an effective time, a	t 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated July 22	2024		
	ams 7/22/2024		

Filing Fee: \$25.00