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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: TW	/A Impo	cts 11c	
	Name of Lim	ited Liability Company	2023 \$7.7 29
			1
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	29
Please return all correspo	ndence concerning this matter	to the following:	A H
	Timoth	y RIChards	<u>೨೧</u> ಜ್ಞ
	TNA IN	Pirm'Company	
	789 A00	Pe S+ Address	<del></del>
	ormal	Begin FL	-32174
	Tha Incor	to be used for future about 1. resolt not	id, con
For further information c	oncerning this matter, please c	all:	
Timotry (	Vichord Sun Person	at (386) - & Oaytim	e Telephone sumber
Enclosed is a cheek for th	ne following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u> Section	Street Address:	etion
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION iability Company as it now appears on our records.) londa Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{2}{2}/27/21$ and assigned Florida document number. 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 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 heing 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>	Address	Type of Action
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		55 mel vose Are amond Beach, FL 3217	74 semove
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Signature of a member or authorized representative of a member		-

Filing Fee: \$25.00