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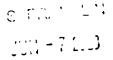
(Requestor's Name)
(Address)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TUIQCIONS LLC	
	nited Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	omitted for filing.
Please return all correspondence concerning this matter	to the following:
	Tandia Richard
	Name of Person
<u>Tula (h</u>	Firm/Company
	- Time Company
_ 531 NW 41	Address
_	, to the second
DJ CANAGE	City/State and Zip Code
Jan	diarragman com
	(to be used for future annual report notification)
For further information concerning this matter, please c	all:
Jandia Michards	ar (701) 898 - 1823
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
	DISSE ON PILL PLANE.
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Taia (teans LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10/04/70 21 and assigned Florida document number 1.2100433711
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)
PR 27
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, <u>enter the name of the new registere</u> age <u>nt and/or the new registered office address here</u> :
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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

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>	Name	Address	Type of Action
President	Ligrards, Janaia	531 NW 465	🗆 Add
		tampino Beach to 33004	ERemove
		·	□Change
MGR	Jandia Richards	531 NW 465	MAdd
		-Rympano Barch FL 3306	Remove
			□Change
AMBR_	Jada Righard	581 (VW Ub)	BAdd
		familians brown to sound	□Remove
			□Change
AMBR	Petula Rumards	531 MW 466t	(\$\forall Add
		POMICUO PLOUD FL 33+	64 □Remove
			□Change
			□Add
			□Remove
			□Change
<u>AP</u>	th.	531 NM 465	□Add
		gombino team FC	\(\overline{\mathbb{K}} \) Remove
		330W	□Change

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If an eff <u>Note:</u>	ive date, if other than the date of filing:
e recore	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the details.
Dated	APVII 17 . 2023.
Dated	Thurstone Parties of a member

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Filing Fee: \$25.00