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COVER LETTER

	Registration Se Division of Cor						
CHRIDA	T &J Sente	r Enterprise LLC					
SUBJEC	1:	Name of Lin	nited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	to the following:				
		Tracic Shoats Senter					
			Name of Person		_		
		T &J Senter Enterprise LL	.c				
			Firm/Company		_		
		6323 Shore Vista Place			Ās	7623	
			Address			<u> </u>	
		Apollo Beach, Fl 33572			Ī.		 !
			City/State and Zip Code		<u></u>	,	-
		tjscntcrenterprise@gmail.co					C
For furthe	r information o	E-mail address: (oncerning this matter, please o	to be used for future annual report no all:	tification)	Qri B	ر الا	
Tracie Sh	oats Senter		678 468-9223				
	Name o	f Person	Area Code Daytii	ne Telephone Numbe	a	•	
Enclosed i	is a check for th	ne following amount:					
■ \$ 25,0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 F Certific Certifico (additions	ate of St d Copy	atus &	
_	Lailing Addres		Street Address:	ection			
Registration Section Division of Corporations			Registration So Division of Co				
P	O. Box 632	7	The Centre of	Tallahassee			
Ţ	allahassee, I	FL 32314	2415 N. Monro	be Street, Suite 8	310		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

T &J Senter Enterprise LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our reco- imited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on 01/09/2023	and assigned
Florida document number L23000017343		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7773 FAI
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		<u>-</u> - O
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	155
	, F	loridaZip Code
	$\subseteq uy$	zip Coae

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
AMBR	Jonathan C Senter	6323 Shore Vista Place	□ Add
		Apollo Beach, Fl 33572	■Remove
			☐ Change
MGR	Jonathan C Senter	6323 Shore Vista Place	= Add
		Apollo Beach, Ft 33572	□Remove
			Change
			☐Remove
			Change
			□ Add
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Filing Fee: \$25.00