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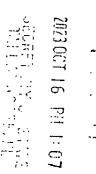
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
JUN - 6 2073
10-16

Office Use Only



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## **COVER LETTER**

Division of Co		•	
TID GRO	UP LLC	;	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	INDIRA RODRIGUEZ		
		Name of Person	
	TID GROUP LLC		
		Firm/Company	
	11500 SW 184TH ST		
		Address	2023
	MIAMI, FLORIDA, 3315	7	2023 CCT 16 SECRETAIN
		City/State and Zip Code	
	tidgroupllc@yahoo.com	to be used for future annual report notification)	
For further information	concerning this matter, please c	•	PH 1: 07
INDIRA RODRIGUEZ		305 4577218	·
Name	of Person	Area Code Daytime Teleph	none Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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)
Mailing Address Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 3230	issee et, Suite 810

JUN 0 6 2023

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our record Liability Company)	<u>s.</u> )
were filed on 05/15/2023	and assigned
oility company here:	
ility Company," the designation "LLC	" or the abbreviation "L.L.C."
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address on our records, <u>enter</u>	the name of the new regist
Enter Florida street addres	:5
EN.	aut d'a
, F10	orida Zip Code
	address on our records, enter  Enter Florida street address, Florida street address

## New Registered Agent's Signature, if changing Registered Agent:

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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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	INDIRA RODRIGUEZ	11500 SW 184TH ST MIAMI FL 33157	<b>=</b> Add
			□Remove
			☐ Change
			□Add
			☐Remove
			Add
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	in the date of filing: ate must be specific and cannot			tional) ter filing.) Pursuant to 605.0
ote: If the date inserted in ocument's effective date or	this block does not meet the the Department of State's	e applicable statutory	filing requirements, the	his date will not be listed
		·		
	ffective date, but not an eff	ective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after (
is filed.				
. 06/02//2023				
ated		•		
	D.		ntative of a member	
		•		